



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2008**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 109085		2. Exact name of the Corporation Col. William Rich Higgins Marine Corps League Detachment, INC.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Domestic Non-Profit Corporation			
5. Principal office address PO BOX 1413		City Newport	State RI	Zip 02840	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Barry W Clark		Vice-President Name Robert J Helmbrecht			
Street Address 10 Wabasso Terrace		Street Address 3 Bailey Terrace			
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Secretary Name Charles P Dwyer		Treasurer Name Ed P Noll			
Street Address 223 Wamponoag Drive		Street Address 282 Church Pond Drive			
City Portsmouth	State RI	Zip 02871	City Tiverton	State RI	Zip 02878
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Michael H Cunningham		Director Name Ed F Fitzgerald			
Street Address 21 Allston Ave		Street Address 62 Belmont Drive			
City Middletown	State RI	Zip 02842	City Portsmouth	State RI	Zip 02871
Director Name George Donnelly		Director Name James J Sullivan			
Street Address 94 Bayview Street		Street Address 12 Robinson Street			
City Fall River	State MA	Zip 02724	City Newport	State RI	Zip 02840
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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BY 174940

10:35

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Robert J Helmbrecht 7/16/2012
 Signature of Officer Date

Robert J Helmbrecht

Print or Type Name of Officer

Commandant/President

Title of Officer