



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 **2013**

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. 74378		2. Exact name of the Corporation R.I. Dept. Sons of Union Veterans of the Civil War			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Historic Preservation, Fraternal, Patriotic Organization			
5. Principal office address c/o Stephen E. Hackett 212 Sawmill Road		City Chepachet		State RI	Zip 02814
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Henry Duquette		Vice-President Name John A. Connor			
Street Address 64 Steere Street		Street Address 91 Richardson Road			
City Harrisville	State RI	Zip 02830	City Coventry	State RI	Zip 02816
Secretary Name Benjamin Frail		Treasurer Name Stephen E. Hackett			
Street Address 19 Briar Point Avenue		Street Address 212 Sawmill Road			
City Coventry	State RI	Zip 02816	City Chepachet	State RI	Zip 02814
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Bruce Frail		Director Name Joseph S. Hall Jr.			
Street Address 19 Briar Point Avenue		Street Address 98 Mendon Street			
City Coventry	State RI	Zip 02816	City Blackstone	State MA	Zip 01504
Director Name Leo F. Kennedy		Director Name			
Street Address 43 Beverly Circle		Street Address			
City Greenville	State RI	Zip 02828	City	State	Zip
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

FILED

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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.

Stephen E. Hackett **May 7, 2013**
Signature of Officer Date

Stephen E. Hackett

Print or Type Name of Officer

Treasurer

Title of Officer