



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. 74724		2. Exact name of the Corporation LECLAIR KOZLIK LOGAN BASSETT POST NO. 6342 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island FRATERNAL, PATRIOTIC, HISTORICAL AND EDUCATION ORGANIZATION			
5. Principal office address PO BOX 12 98 SCHOOL ST		City FORESTDALE		State R.I.	Zip 02824
LIST ALL OFFICERS (NAMES AND ADDRESSES) (BY BOX OR BY ATTACHMENT)					
President Name DAVID THIBAUT		Vice-President Name GEORGE HEMOND			
Street Address 83 ST. PAUL ST		Street Address 18 EATON STREET			
City N. SMITHFIELD	State RI	Zip 02896	City N. SMITHFIELD	State RI	Zip 02896
Secretary Name FRANK E. LIGHTOWLER		Treasurer Name SCOTT F. GOULD			
Street Address PO BOX 114 22 CITIZEN RD		Street Address PO BOX 172			
City FORESTDALE	State RI	Zip 02824	City FORESTDALE	State RI	Zip 02824
LIST ALL DIRECTORS (NAMES AND ADDRESSES) (BY BOX OR BY ATTACHMENT)					
Director Name JAMES J HAGERTY, JR.		Director Name FARRELL MCMILLAN			
Street Address 84 SMITH HILL ROAD		Street Address 11 HALLIWELL BLVD			
City HARRISVILLE	State RI	Zip 02830	City SLATERSVILLE	State RI	Zip 02876
Director Name ERNEST FRAPPIER		Director Name			
Street Address 151 CATO ST.		Street Address			
City WOONSOCKET	State RI	Zip 02895	City	State	Zip
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

MAY 22 2013

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.

Frank E. Lightowler *May 20, 2013*
Signature of Officer Date

FRANK E. LIGHTOWLER
Print or Type Name of Officer

SECRETARY
Title of Officer

By *mnc*
CC # 5886