



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