



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. 31201		2. Exact name of the Corporation CROMPTON VETERANS ORGANIZATION World War II	
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island A COMMUNITY ORIENTED ORGANIZATION THAT SUPPORTS VETERANS' AFFAIRS + COMMUNITY. AWARDS AN AVERAGE OF 10 SCHOLARSHIPS EACH YEAR, SPONSORS LOCAL TEAMS AND HOSTS CIVIC MEETINGS + VETERANS BUENOS.	
5. Principal office address 37 HEBURN STREET		City WEST WARWICK	State RI
		Zip 02893	
□ LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) □			
President Name RAYMOND MASTERSON (CMDR)		Vice-President Name ROBERT SHUNSKI	
Street Address 63 PEMBROKE LANE		Street Address 17 PARK BLVD	
City COVENTRY	State RI	City WEST WARWICK	State RI
Zip 02816		Zip 02893	
Secretary Name BRUCE K. GASKILL (ADJUTANT)		Treasurer Name ED WIGGIN	
Street Address 5 TERD DRIVE		Street Address 62 PEPIN STREET	
City COVENTRY	State RI	City WEST WARWICK	State RI
Zip 02816		Zip 02893	
□ LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) □			
Director Name EDWARD FURTADO		Director Name PETER FIELD	
Street Address 60 DAWES STREET		Street Address 37 STANDARD AVENUE	
City WEST WARWICK	State RI	City WEST WARWICK	State RI
Zip 02893		Zip 02893	
Director Name PAULA McCORMICK		Director Name JOSEPH SIMAS JR	
Street Address 21 KING PHILLIP DRIVE		Street Address 35 LOCKWOOD STREET	
City COVENTRY	State RI	City WEST WARWICK	State RI
Zip 02816		Zip 02893	
□ 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

JUL 26 2013

BY 10269

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.

Bruce K. Gaskill 13 JUNE 2013
 Signature of Officer Date

BRUCE K. GASKILL
 Print or Type Name of Officer

SECRETARY / ADJUTANT
 Title of Officer