

## 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

Fiting 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.

g					LIVALITI	in to r
1. Entity ID No.	2. Exact name of the Corporation					
31201	CROMPTO	n Veteran	us Organi	zation 1	World 1	WAR II
3. State of Incorporation	4. Brief description	of the character of bu	siness conducted in Rh	ode Island	-1- U-L	220.0
Rhobe Island	HYGHIRS + C	ty oriented o community. A usings Lecal	uards an Au	erage of	, io scr	charships EACH
5. Principal office address	ri		City		State	Zip
37 HEABURN STREET			WEST WARK	SICK	RI	<sup>Zip</sup> 2893
D. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATT					·	
President Name RAYMOND MASTERSON (CMDR)			Vice-President Name ROBERT SHUNSKI			
Street Address 63 PEMBROKE LANE			Street Address 17 PARK BIUD			
COVENTRY	State RI	02816	WEST WA	irwi c K	State	<sup>Zip</sup> 02893
BRUCE K. GASKILL (ADJUTANT)			Treasurer Name ED WIEGIN			
Street Address 5 TERO DRIVE			Street Address 62 PEPIN STREET			
COU ENTRY	State	02816	West WAR	w KK	State RI	<sup>ZIB</sup> 2893
I. LIST <u>ALL</u> DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT)						
Director Name EDWARD FURTADO			Director Name PETER FIELD			
60 DAWES STREET			Street Address 37 STANDARD AVENUE			
wast warmick	State RT	<sup>Zip</sup> 62893	west Wan		State RI	02893
Yaula McCormick			Director Name JOSEPH SIMAS JR			
21 King thillip DRIVE			Street Address 35 LOCKWOOD STREET			
COVENTRY	State RI	91860	City WEST WAR		State	02893
B. 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 FILED	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that attistatements pontal hed herein are true and correct.    13 Jule 2013    Signature of Officer   Date
Form No. 631 Revised: 05/2012	Print or Type Name of Officer  SECRETARY / ADJUTANT  Title of Officer