



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. 26366		2. Exact name of the Corporation American Legion, West Warwick Post			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island American Legion Post 2, Department of RI.			
5. Principal office address 2 Legion Way		City West Warwick	State RI	Zip 02893	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Ray Bott		Vice-President Name Ernst Kissenger			
Street Address 555 Davisville Road		Street Address 3 Park Bulvard			
City North Kingston	State RI	Zip 02852	City West Warwick	State RI	Zip 02893
Secretary Name Rick Verrier		Treasurer Name Pat Gower			
Street Address 40 Epworth Street		Street Address 115 Acres of Pine Road			
City West Warwick	State RI	Zip 02893	City Coventry	State RI	Zip 02816
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Bob Schierschmidt		Director Name Charles E. Petarca JR			
Street Address 299 East Greenwich Avenue		Street Address 14 Youngs Avenue			
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Director Name Sonya Lavoie		Director Name			
Street Address 421 Tioque Avenue		Street Address			
City Coventry	State RI	Zip 02816	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

FILED

File Date

NOV 22 2013

Check No

BY *Ray Bott* 211407

By:

10:50

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.

Ray Bott

11/19/13

Signature of Officer

Date

Ray Bott

Print or Type Name of Officer

President

Title of Officer