

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

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Feet \$20,00) FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE

Filing Feet \$20.007 FAII	LUNE IU FILE	INIS NEPONI BI W	3LI OO IIILLIILOOLI III AQLO.				
1. Entity ID No.	2. Exact name of the Corporation						
27441	Kent County Detachment Marine Corps League						
3. State of Incorporation	4. Brief descript	tion of the character of bi	usiness conducted in Rhode Island				
Rhode Island	Milit	ary / Frater	nal		SEC		
5. Principal office address	O. Box 7908		City Warwick	State RI	^{Zip} 702887		
6. LIST ALL OFFICERS (NAME	S AND ADDRES	SES) ("X" BOX FOR AT					
President Name Jane A	Jane A. Deptula			Vice-President Name Cynthia J. Allen 🐱			
Street Address 10 Five	elms Ci	ircle	Street Address 452 Hill Street 3				
Coventry Coventry	State RI	^{Zip} 02816	Coventry	State RI	Zip 02816		
Secretary Name Michael Zaino			Treasurer Name James T. Pinkerton				
Street Address 5 Sylvan Drive			Street Address 79 Waites Corner Rd				
City East Greenwich	State RI	^{Zip} 02818	City West Kingsto	∧ State RI	Zip 03892		
7. LIST <u>ALL</u> DIRECTORS (NAM ("X" BOX FOR ATTACHMEN	IES AND ADDRE T) 🗌	(SSES). RHODE ISLAN	D CORPORATIONS <u>MUST</u> LIST N	O LESS THAN TH	IREE (1) DIRECTORS		
Director Name Frank Bussick			Director Name Joseph	n Razza	OV 2		
Street Address 80 Alden Drive			Street Address 34 Glenbrook Road				
West Warwicl	State RI	^{Zip} 02893	Warwick	State RI	^{Zip} 0 2889		
Director Name	h Chass	е	Director Name David	I. Mahon	29 VE		
Street Address 86 Fas	shion Dr	ive	Street Address 53 Cov	entry Dr	ive		
City Warwick	State RI	Zip 02886	Coventry	State RI	^{Zip} 02816		
8. REGISTERED AGENT IN RH							
			of State. Changes require filing For				
This report must be s	igned by either th	e President, Vice-Presid	lent, Secretary, Assistant Secretary,	Treasurer, Receive	er or Trustee		

File Date FILED	11:27	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.		
Check No JAN 0 3 201	4	Signature of Officer Pinkerton	//-06-13 Date	
FOR SECRETARY OF STATE US YONLY 2140	77 VM	Print or Type Name of Officer		
Form No. 631 Revised: 05/2012	KNV	Paymaster Title of Officer	- MAN	