State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000099391

2. Name of Corporation SEABEE VETERANS OF AMERICA ISLAND X-1 RI

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 21 IAFRATE WAY
City or Town: NORTH KINGSTOWN State: RI Zip: 02852-1792 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

VETERANS ORGANIZATION

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ROBERT LASSAN	88 GIBSON HILL ROAD SOUTH STERLING, CT 06377 USA
SECRETARY	PHILIP ARNOLD JUSTIN	4 PRESERVED ARNOLD COURT LINCOLN, RI 02865-2505 USA
VICE PRESIDENT	CHARLES E. NEHRING	59 STONY FORT ROAD

		SAUNDERSTOWN, RI 02874-1114 USA
DIRECTOR	KENNETH A. SENKER	92 EDMOND DRIVE NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	ROBERT W SCHWAB	24 SURREY LANE NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	ERNEST SALVAS	136 REYNOLDS STREET DANIELSON, CT 06239 USA
DIRECTOR	JOSEPH CORMIER	164 GLENWOOD DRIVE NORTH KINGSTOWN, RI 02852 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

PHILIP A. JUSTIN 21 IAFRATE WAY NORTH KINGSTOWN , RI 02852

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 21 Day of May, 2014 at 11:56:45 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By PHILIP ARNOLD JUSTIN
Signature of Authorized Person

Form No. 631
Revised 09/07