

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: June 1 - June 30 • Filing Fee: \$20.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7- penalty fee of \$25.00.	6-94, each corporation f	ailing or refusing to file its	annual report within the time preso	cribed by law (R.I.G.L. 7-6	-91) is subject to a	
1. Corporate ID No. 27742	2. Name of Corporation EUGENE	LEFEBVE	VETERANS OF	FOREIGN WA	AS 1271	
3. State of Incorporation	4. Corporate address m Ki	bode Island - Street Address  AVENUE		PAWTUCKET	Z1p	
5. Foreign corporation. Enter prin			City	State	Zip	
6. Brief Description of the character of		ually conducted in Rhode Isla  VETERAN				
7. NAMES AND ADDRESSES President Name		-	MENT)  TILL IN SPACES BEFORE USING ATTACHMENTS			
	L WGODS		JULIEN LEROUX			
Street Address 500 MENDA	V ROAD - TI	RIR 104	301 MAIN STREET - APT. 307			
	State A	<sup>219</sup> 02703	PAWTUCKET	State R.L.	D7860	
Secretary Name WILLIAM P. DONNELLY			Treusurer Name			
Street Address 36 YORK AVENUE			Street Address ()			
CHY PAWTI	State R1.	Zip 02860	City	State	Zip	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS						
THE NUMBER OF DIRECTO Director Name  TOSEP	<b>.</b>		ORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23  Director Name  JAMES WRIGHT			
Street Address 466 HUNT STREET			Street Address 249 ANN STREET			
CENTRAL FALLS	State R.1.	ZIP 02863	CUMBER LAND	State P. /,	02864	
Director Name  JOSEPH OLIVIER			Street Address 466 HUNT ST APT. 507  CHY CENTRAL FALLS State R1.			
Street Address 417 BROWN STREET - APT. 35			Street Address 466 HUNT ST APT. 507			
CHY ATTLEBORD		<sup>Zip</sup> 02703	CENTRAL FALLS	State R1.	±028€3	
9. REGISTERED AGENT IN RHODE ISLAND						
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-  This report must be signed by either the Price Dice President, Secretary, Assistant Secretary, Treasurer, Receiver Trustee						
This report must	be signed by either the		dent, Secretary, Assistant Secr	etary, Treasurer, Receiv	PH 12	
		JUN 03 2014			<u> </u>	

	By	Under penalty of perjury, I declare and affirm that I have examined this
File Date	29-22550/	report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.  William P. Donnelle
Check No		Signature of Officer DONNELLY
By:FOR SECRETAR	Y OF STATE USE ONLY	Print or Type Name of Officer  SECRETARY — TREASURER  Tule of Officer
		Form 631 Rev. 09/17