



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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. 27005		2. Exact name of the Corporation FAIRLAWN VETERANS ASSOCIATION, INC	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island FURTHERING THE OBJECTS-AIMS-OF-VETERANS-AND FOR-ASSISTANCE OF-ITS-MEMBERS-AND-THEIR-FAMILIES-AND FOR-CHARITABLE-OR-PATRIOTIC-ACTS	
5. Principal office address 4 VISTA DRIVE		City LINCOLN	State RI
		Zip 02865	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name JOHN LUCAS		Vice-President Name MAURICE TROTTER	
Street Address 4 VISTA DRIVE		Street Address 20 OAKDALE AVE.	
City LINCOLN	State RI	City PAWTUCKET	State RI
Zip 02865		Zip 02860	
Secretary Name LEO J. WAGNER		Treasurer Name LEO J. WAGNER	
Street Address 16 GARDEN DRIVE		Street Address 16 GARDEN DRIVE	
City LINCOLN	State RI	City LINCOLN	State RI
Zip 02865		Zip 02865	
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 JOHN LUCAS		Director Name LEO J. WAGNER	
Street Address 4 VISTA DRIVE		Street Address 16 GARDEN DRIVE	
City LINCOLN	State RI	City LINCOLN	State RI
Zip 02865		Zip 02865	
Director Name ALFRED STAPLES		Director Name RYAN W. LUCAS	
Street Address 246 CHAPEL ST		Street Address 74 CEDAR SWAMP RD	
City LINCOLN	State RI	City SMITHFIELD	State RI
Zip 02865		Zip 02917	
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, duly Authorized Representative, Receiver or Trustee

FILED

JUN 03 2014

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

BY

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Signature of Officer or Authorized Representative

Date

JOHN LUCAS PRES.

6-1-14

Print or Type Name of Officer or Authorized Representative