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.	2. Exact name of the Corporation		
28675	Providence Post No. 1, The American Legion, Department of Rhode Island		
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island		
RHODE ISLAND	VETERANS AFFAIRS		
5. Principal office address: PO Box 40461	City: PROVIDENCE	State: RI	Zip: 02940

2014 JUN 10 PM 12:44 SECRETARY OF STATE CORPORATIONS DIV.

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
PAULINE WATERMAN	201 GRAVELY HILL ROAD, UNIT C	WAKEFIELD	RI	02879

Vice-President Name	Street Address	City	State	Zip
JOSEPH ZAJAC	145 FEDERAL WAY, APT 101	JOHNSTON	RI	02919

Secretary Name	Street Address	City	State	Zip
HOWARD B. WEBSTER JR	67A CROTHERS AVENUE	CRANSTON	RI	02910

Treasurer Name	Street Address	City	State	Zip
BARRY NELSON	28 OAKLAWN AVENUE	CRANSTON	RI	02920

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
PAULINE WATERMAN	201 GRAVELY HILL ROAD, UNIT C	WAKEFIELD	RI	02879

Director Name	Street Address	City	State	Zip
JOSEPH ZAJAC	145 FEDERAL WAY, APT 101	JOHNSTON	RI	02919

Director Name	Street Address	City	State	Zip
HOWARD B. WEBSTER JR.	67A CROTHERS AVENUE	CRANSTON	RI	02910

Director Name	Street Address	City	State	Zip
BARRY NELSON	28 OAKLAWN AVENUE	CRANSTON	RI	02920

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

File Date 12:44 pm
Check No
By:
FILED
JUN 10 2014

FOR SECRETARY OF STATE USE ONLY 226025
By ICM

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.

Howard B Webster Jr 06/10/14
Signature of Officer or Authorized Representative — Date

HOWARD B. WEBSTER JR, SECRETARY/ADJUTANT
Print or Type Name of Officer or Authorized Representative