



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.<br>88878  |               | 2. Exact name of the Corporation<br>LTS. ARMSTRONG-GLADDING ASSOCIATION. INC.                                     |                |               |              |
| 3. State of Incorporation<br>RI  |               | 4. Brief description of the character of business conducted in Rhode Island<br>SUPPORT VETERANS & THEIR FAMILIES. |                |               |              |
| 5. Principal office address<br>2 SALEM ST.   |               | City<br>PROVIDENCE  |                | State<br>R.I. | Zip<br>02907 |
| <b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>   |               |   |                |               |              |
| President Name<br>WESLEY S. BRIGGS   |               | Vice-President Name<br>JAMES CLAYTON  |                |               |              |
| Street Address<br>51 GEORGIA AVE.  |               | Street Address<br>95 CORINTH ST.  |                |               |              |
| City<br>PROV,  | State<br>R.I. | Zip<br>02905  | City<br>PROV,  | State<br>R.I. | Zip<br>02907 |
| Secretary Name<br>FREDERICK CORREY SR.   |               | Treasurer Name<br>MONTREL J. NORRIS   |                |               |              |
| Street Address<br>225 NEW LONDON RD. APT. 107  |               | Street Address<br>P.O. BOX 5650   |                |               |              |
| City<br>SPANSTON   | State<br>R.I. | Zip<br>02920  | City<br>PROV,, | State<br>R.I. | Zip<br>02903 |
| <b>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"/></b> |               |   |                |               |              |
| Director Name<br>SYLVESTER FIELDS  |               | Director Name<br>CHRISTOPHER L. JOHNSON   |                |               |              |
| Street Address<br>6 comstock ave.  |               | Street Address<br>930 CHALKSTONE ST.  |                |               |              |
| City<br>PROV,  | State<br>R.I. | Zip<br>02905  | City<br>PROV,  | State<br>R.I. | Zip<br>02908 |
| Director Name<br>RICHARD MAYNARD   |               | Director Name   |                |               |              |
| Street Address<br>41 MOORE ST.   |               | Street Address  |                |               |              |
| City<br>PROVIDENCE,  | State<br>R.I. | Zip<br>02907  | City           | State         | Zip          |
| <b>8. REGISTERED AGENT IN RHODE ISLAND</b>   |               |   |                |               |              |
| 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 \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

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FILED

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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.

*M J Norris* 6-12-14  
Signature of Officer or Authorized Representative Date

M.J. NORRIS

Print or Type Name of Officer or Authorized Representative  
TREASURER