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
88878	LTS. ARMSTRONG-GLADDING ASSOCIATION. INC.
3. State of Incorporation: RI	4. Brief description of the character of business conducted in Rhode Island: SUPPORT VETERANS & THEIR FAMILIES.

5. Principal office address	City	State	Zip
2 SALEM ST.	PROVIDENCE	R.I.	02907

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

President Name	Vice-President Name
WESLEY S. BRIGGS	JAMES CLAYTON
Street Address: 51 GEORGIA AVE.	Street Address: 95 CORINTH ST.
City: PROV, State: R.I. Zip: 02905	City: PROV, State: R.I. Zip: 02907
Secretary Name: FREDERICK CORREY SR.	Treasurer Name: MONTREL J. NORRIS
Street Address: 225 NEW LONDON RD. APT. 107	Street Address: P.O. BOX 5650
City: CRANSTON State: R.I. Zip: 02920	City: PROV,, State: R.I. Zip: 02903

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

Director Name	Director Name
SYLVESTER FIELDS	CHRISTOPHER L. JOHNSON
Street Address: 6 comstock ave.	Street Address: 930 CHALKSTONE ST.
City: PROV, State: R.I. Zip: 02905	City: PROV, State: R.I. Zip: 02908
Director Name: RICHARD MAYNARD	Director Name:
Street Address: 41 MOORE ST.	Street Address:
City: PROVIDENCE, State: R.I. Zip: 02907	City: State: Zip:

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 _____ **FILED**
Check No _____ JUN 12 2014
By: _____ BY 6880
FOR SECRETARY OF STATE USE ONLY

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

Form No. 631
Revised: 04/2014