STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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		
31104	Rhode Island State Airport Post No. 61		
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island		
Rhode Island	Non Profit Veterans Organization		
5. Principal office address	City	State	Zip
272 Pettaconsett Avenue	Warwick	R.I.	02888

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

President Name	Vice-President Name
Raymond A. Cribari	Pasquale Fiore
Street Address: 137 Colonial Ave	Street Address: 31 Willow ST.
City: Cranston · State: R.I. · Zip: 02910	City: Providence · State: R.I. · Zip: 02903
Secretary Name	**Treasurer Name**
James Fleet	Raymond A. Cribari
Street Address: Cedar Pond Drive Unit #7	Street Address: 137 Colonial Ave
City: Warwick · State: R.I. · Zip: 02886	City: Cranston · State: R.I · Zip: 02910

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
Raymond A. Cribari	Pasquale Fiore
Street Address: 137 Colonial Ave	Street Address: 31 Willow ST.
City: Cranston · State: R.I. · Zip: 02910	City: Providence · State: R.I. · Zip: 02903
Director Name: James Fleet	Director Name:
Street Address: Cedar Pond Drive Unit #7	Street Address:
City: Warwick · State: R.I. · Zip: 02886	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 _____

Check No _____

By: _____

FILED
JUN 13 2014
BY 1974

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.

Raymond A. Cribari 5/30/14
Signature of Officer or Authorized Representative — Date

Raymond A. Cribari
Print or Type Name of Officer or Authorized Representative