RI SOS Filing Number: 201441294070 Date: 06/16/2014 4:00 PM

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. 00794569	2. Exact name of the Corporation: Post 13 Amvets		
3. State of Incorporation: RI	4. Corporate Address in RI - Street Address: 112 Oriole Ave	City: Pawtucket	Zip: 02860
5. Foreign corporation. Enter principal office address	City	State	Zip
6. Brief description of the character of business conducted in Rhode Island: Veterans Services			

2014 JUN 16 PM 4:28
STATE CORPORATIONS DIV

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

President Name: Joseph A. DeAngelis	Vice-President Name: Kenneth Gleenan
Street Address: 700 Benefit St	Street Address: 5 Farnum St
City: Pawtucket, State: RI, Zip: 02861	City: Pawtucket ~~RI~~, State: RI, Zip: 02861
Secretary Name	Treasurer Name: Arthur E. Rodriques
Street Address: Same →	Street Address: 112 Oriole Ave
City, State, Zip	City: Pawtucket, State: RI, Zip: 02860

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

Director Name: Joseph A. DeAngelis	Director Name: Raymond Kowal
Street Address: 700 Benefit St	Street Address: 21 High Service Rd
City: Pawtucket, State: RI, Zip: 02860	City: No. Providence, State: RI, Zip: 02906
Director Name: Arthur E. Rodriques	Director Name
Street Address: 112 Oriole Ave	Street Address
City: Pawtucket, State: RI, Zip: 02860	City, State, Zip

9. 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, Receiver or Trustee

File Date ______

Check No ______

By: ______

FOR SECRETARY OF STATE USE ONLY 226505

FILED
JUN 16 2014
By KM

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.

[signature] Signature of Officer — Date: 6/16/2014

Arthur E Rodriques
Print or Type Name of Officer

Treasurer
Title of Officer

Form No. 631
Revised 08/2012 [illegible]