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
26907	**CAPT. ELWOOD EUART VFW POST 602**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RHODE ISLAND	**HELP VETERANS OF RI**

5. Principal office address	City	State	Zip
55 OVERLAND AVENUE	**PAWTUCKET**	**RI**	**02860**

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

President Name	Street Address	City	State	Zip
LAWRENCE GAUCHER	**55 OVERLAND AVENUE**	**PAWTUCKET**	**RI**	**02860**

Vice-President Name	Street Address	City	State	Zip
CAMILLE M. NETTO	**2 BROWNE HILL COURT**	**LINCOLN**	**RI**	**02865**

Secretary Name	Street Address	City	State	Zip
RAYMOND MCNULTY	**55 THOMAS AVENUE**	**PAWTUCKET**	**RI**	**02860**

Treasurer Name	Street Address	City	State	Zip
DONALD ST JEAN	**80 OAKLAND**	**PAWTUCKET**	**RI**	**02861**

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
JAMIE MELO	**40 GROTTO AVENUE**	**PAWTUCKET**	**RI**	**02860**

Director Name	Street Address	City	State	Zip
Camille M. Netto	2 Browne Hill Ct.	Lincoln Same	R.I	02865

Director Name	Street Address	City	State	Zip
Raymond McNulty	55 Thomas Avenue	Pawtucket	RI	02860

Director Name	Street Address	City	State	Zip
Donald St Jean	80 Oakland Ave	Pawtucket	RI	02861

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: _____

FOR SECRETARY OF STATE USE ONLY

FILED
JUN 19 2014
BY 5436

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.

Camille M. Netto 5-22-14
Signature of Officer or Authorized Representative — Date

CAMILLE M. NETTO
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014