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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
101532	**South County Detachment Marine Corps League, Inc.**
3. State of Incorporation **Rhode Island**	4. Brief description of the character of business conducted in Rhode Island **Monthly meetings and fund raiser for support of community welfare**

5. Principal office address	City	State	Zip
VFW Post 916 - 155 High Street (Mailing PO Box 94)	**Wakefield**	**RI**	**02880**

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

President Name	Street Address	City	State	Zip
Francis Vincent	**15 Schooner Drive**	**Wakefield**	**RI**	**02879**
Vice-President Name	**Street Address**	**City**	**State**	**Zip**
Peter F. Kohlsaat	**157 Walmsley Lane**	**Saunderstown**	**RI**	**02874**
Secretary Name	**Street Address**	**City**	**State**	**Zip**
Carolyn J. Shea	**Unit 96 - 1499 Ocean Road**	**Narragansett**	**RI**	**02882**
Treasurer Name	**Street Address**	**City**	**State**	**Zip**
Carolyn J. Shea	**Unit 96 - 1499 Ocean Road**	**Narragansett**	**RI**	**02882**

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
David V. Crocker	**170 Pheasant Run**	**Saunderstown**	**RI**	**02874**
Director Name	**Street Address**	**City**	**State**	**Zip**
David J. Tyrell	**90 Sherman Road**	**Wakefield**	**RI**	**02879**
Director Name	**Street Address**	**City**	**State**	**Zip**
Robert T. Leonard	**1 Polo Club Road**	**Narragansett**	**RI**	**02882**
Director Name	**Street Address**	**City**	**State**	**Zip**
Warren W. Becker	**510 Boston Neck Road**	**North Kingstown**	**RI**	**02852**

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 23 2014
1594
BY

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.

/ Carolyn J. Shea
Signature of Officer or Authorized Representative Date

Carolyn J. Shea, Paymaster
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

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