



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.

JUL - 3 AM 10: 4
 CORPORATION DIVISION OF STATE

1. Entity ID No. 000062806		2. Exact name of the Corporation Battery A, First Regiment, Rhode Island Light Artillery, Unit Association			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island A unit association honoring the veterans of Battery A & Grand Army of the Republic Arnold Post No. 4 (Arnold's Battery A) conducting educational programs and the Unit History. A subsidiary of the Rhode Island Grand Army of the Republic (GAR) Civil War			
5. Principal office address 1351 Cranston St		City Cranston	State RI	Zip 02920	
President Name Gregg A Mierka		Vice-President Name Raymond Ferrick			
Street Address 1351 Cranston St		Street Address 4430 Post Rd C12			
City Cranston	State RI	Zip 02920	City Warwick	State RI	Zip 02818
Secretary Name Mary Mierka		Treasurer Name Mary Mierka			
Street Address 1351 Cranston St		Street Address 1351 Cranston St			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES), RHODE ISLAND CORPORATIONS SHOULD LIST NO LESS THAN TWO (SEE INSTRUCTIONS) <input type="checkbox"/>					
Director Name James Veach		Director Name Douglas R Neirmeyer			
Street Address 93 Lesnyk Rd.		Street Address 302 W Springfield Ave			
City Goffstown	State NH	Zip 03045	City Union	State MO	Zip 63084
Director Name Lee A Tyron		Director Name			
Street Address 4 Raven Circle		Street Address			
City Avon	State CT	Zip 06001	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 _____
 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.

FILED
 JUL 03 2014
 10:42
 227834

Gregg A. Mierka
 Signature of Officer or Authorized Representative July 2, 2014
 Date

BY Gregg A. Mierka
 Print or Type Name of Officer or Authorized Representative