



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

2014 JUL - 3 PM 10:42

STATE OF RHODE ISLAND
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. 000075163		2. Exact name of the Corporation Rhode Island Grand Army of the Republic (GAR) Civil War Museum, Library and Research Center			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Historical archives family research center and educational facility of R.I. Grand Army of the Republic Civil War Museum			
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 MUST LIST NO LESS THAN TWO. (ATTACH FOR ATTACHMENT) <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

FILED
JUL 03 2014
BY **KL 287834**
1042

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.

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

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