



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
 11:10:42
 SECRETARY OF STATE
 CORPORATIONS DIV

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. 000141171		2. Exact name of the Corporation Rhode Island Soldiers and Sailors Historical Society			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To serve the educational and literary functions of the Rhode Island State Commandery of the Military Order of the Loyal Legion of the United States			
5. Principal office address 1351 Cranston St		City Cranston	State RI	Zip 02920	
President Name John Duchesneau		Vice-President Name James Veach			
Street Address 12 Narraganset Ave		Street Address 93 Lesnyk Rd.			
City Newport	State RI	Zip 02840	City Goffstown	State NH	Zip 03045
Secretary Name Gregg A Mierka		Treasurer Name Gregg A 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 THREE DIRECTORS (SEE INSTRUCTIONS FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Raymond Ferrick		Director Name Douglas R Neirmeyer			
Street Address 4430 Post Rd		Street Address 302 W Springfield Ave			
City Warwick	State RI	Zip 02818	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 _____
 Received _____
 BY _____
 FOR SECRETARY OF STATE USE ONLY

FILED
 JUL 03 2014
 BY KL 227833
 10:43

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