



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. 26352		2. Exact name of the Corporation The American Legion, Department of Rhode Island			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To run the affairs of a Non-Profit Organization			
5. Principal office address 1005 Charles ST.		City North Providence	State RI	Zip 02904	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Robert Schierschmidt		Vice-President Name Joseph P. Little			
Street Address 229 East Greenwich Ave.		Street Address PO Box 14198			
City West Warwick	State RI	Zip 02893	City East Providence	State RI	Zip 02914
Secretary Name Eugene R. Pytka		Treasurer Name Normand G. Vadnais			
Street Address 333 Minerva Avenue		Street Address 21 Lane B			
City Cumberland	State RI	Zip 02864	City Coventry	State RI	Zip 02816
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Richard Cartwright		Director Name Cory Bates			
Street Address 19 Sanford Street		Street Address 3595 Post Road			
City Cumberland	State RI	Zip 02864	City Warwick	State RI	Zip 02889
Director Name Ronald P. Levasseur		Director Name David A. Golde			
Street Address 1003 Charles Street		Street Address 61 Wilbur Avenue			
City N. Providence	State RI	Zip 02904	City Warwick	State RI	Zip 02889
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 08 2014

BY 3344

Signature of Officer or Authorized Representative

7/7/2014

Date

Eugene R. Pytka

Print or Type Name of Officer or Authorized Representative

Secretary