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
000030630	**Post #33, Inc**
3. State of Incorporation: **RI**	4. Brief description of the character of business conducted in Rhode Island: **Veterans' affairs, VA Hospital & VA home**

2014 AUG 4 PM 2:01 SECRETARY OF STATE CORPORATIONS DIV

5. Principal office address	City	State	Zip
140-142 South Bend Street	**Pawtucket**	**RI**	**02860**

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

	President	Vice-President	Secretary	Treasurer
Name	Norman Pickett	Richard A. Velis	Michael Siatkowski	William Higgins
Street Address	145 Front St.	170 Rhode Island Ave.	4 West St.	819 County St.
City	Lincoln	Pawtucket	Lincoln	Attleboro
State	RI	RI	RI	MA
Zip	02865	02860	02865	02703

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

	Director	Director	Director	Director
Name	Norman Pickett	William Higgins	Michael Siatkowski	N/A
Street Address	145 Front St	819 County St.	4 West St.	N/A
City	Lincoln	Attleboro	Lincoln	
State	RI	MA	RI	
Zip	02865	02703	02865	

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
AUG 04 2014
By C 3640112 KM

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.

Norman Pickett
Signature of Officer or Authorized Representative — Date

NORMAN PICKETT
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014