



**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 **2015**

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. <b>789306</b>		2. Exact name of the Corporation <b>Wm. Shields Jr. Unit #43 American Legion Auxiliary</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>Non-Profit helping veterans and their families.</b>			
5. Principal office address <b>662 West Shore Road</b>		City <b>Warwick</b>		State <b>RI</b>	Zip <b>02889</b>
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <b>Rosalie Bonde</b>		Vice-President Name <b>Kathleen Johnson</b>			
Street Address <b>162 Salem Avenue</b>		Street Address <b>118 Calla Street</b>			
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02905</b>
Secretary Name <b>Donna Rivet</b>		Treasurer Name <b>Wendy Baker</b>			
Street Address <b>211 North Road</b>		Street Address <b>8 Border Street</b>			
City <b>Pascoag</b>	State <b>RI</b>	Zip <b>02859</b>	City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893r</b>
<b>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"/></b>					
Director Name <b>Sharon Demers</b>		Director Name <b>Jo-Ann Hockhousen</b>			
Street Address <b>8 Border Street</b>		Street Address <b>92 Second Point Road</b>			
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>
Director Name <b>Elaine Walmsley</b>		Director Name			
Street Address <b>263 Sandy Lane</b>		Street Address			
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>	City	State	Zip
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>					
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**  
**MAY 04 2015**  
 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.  
 BY 913 *Sharon Demers* 4/29/15  
 Signature of Officer or Authorized Representative Date

**Sharon Demers**  
 Print or Type Name of Officer or Authorized Representative