



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. 20494		2. Exact name of the Corporation EAST GREENWICH VETERAN FIREMEN'S HOME CORPORATION	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island <i>Private social club whose members support functions that contribute to various charities</i>	
5. Principal office address 80 QUEEN ST.		City EAST GREENWICH	State RI
		Zip 02818	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name DAVID PURVIS		Vice-President Name EDWARD VIENS	
Street Address 165 RIVER FARM DR		Street Address 107 ENFIELD AVE.	
City EA. GREENWICH	State RI	City PROVIDENCE	State RI
Zip 02818		Zip 02908	
Secretary Name ROBERT VESPIA		Treasurer Name JAMES R. GOGGIN	
Street Address 155 SHIPPEETOWN RD		Street Address 1 FOREST LANE	
City EA. GREENWICH	State RI	City EA. GREENWICH	State RI
Zip 02818		Zip 02818	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
Director Name GENE CARPENTIERI		Director Name JAMES TROIANO	
Street Address 184 CEDAR AVE		Street Address 88 LAKE GARDEN DR	
City EA. GREENWICH	State RI	City CRANSTON	State RI
Zip 02818		Zip 02920	
Director Name DANIEL O'TOOLE		Director Name WAYNE JOHNSON	
Street Address 121 CHAPMAN AVE.		Street Address 74 DIVISION ST	
City WARWICK	State RI	City EA. GREENWICH	State RI
Zip 02886		Zip 02818	
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

BY

FILED

JUN 04 2015

2591

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.

James R. Goggin 6/1/15
Signature of Officer or Authorized Representative Date

TAMCC R GOGGIN



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5. Principal office address		City	State	Zip	
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President Name		Vice-President Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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		Director Name			
FELIX COUTU		LARRY CAMPION			
Street Address		Street Address			
25 LAKE SHORE DR		37 KEELEY AVE			
City	State	Zip	City	State	Zip
EA. GREENWICH	RI	02818	WARWICK	RI	02886
Director Name		Director Name			
JOSEPH ALLEN		WILLIAM DEXTER			
Street Address		Street Address			
219 LIBERTY RD		3524 WEST SHORE RD, UNIT 301			
City	State	Zip	City	State	Zip
EXETER	RI	02822	WARWICK	RI	02886
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Signature of Officer or Authorized Representative

Date

Print or Type Name of Officer or Authorized Representative