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	2. Exact name of the Corporation
30805	Conover Leary Post Home Association
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	Donations

5. Principal office address	City	State	Zip
51 Holland Street	Newport	RI	02840

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

President Name	Vice-President Name
Leopold N Ayotte	James P Kivlehan
Street Address: 51 Holland Street	Street Address: 19 Chapel Street
City: Newport State: RI Zip: 02840	City: Newport State: RI Zip: 02840
Secretary Name	**Treasurer Name**
Harry B Wells	Francis W. Ingersoll
Street Address: 31 Weaver Ave	Street Address: 131 Beacon Street
City: Newport State: RI Zip: 02840	City: Middletown State: RI Zip: 02842

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

Director Name	Director Name
James A. Ballargeron	John A. Stohlberg
Street Address: 27 Elm Street	Street Address: 13 Brewer Street
City: Newport State: RI Zip: 02840	City: Newport State: RI Zip: 02840
Director Name: Edmond J. Lopes	Director Name
Street Address: 44 Everett Street	Street Address
City: Newport State: RI Zip: 02840	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

FILED
JUN 08 2015

File Date _____
Check No _____
By: _____ BY 566

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.

Francis W. Ingersoll 6/5/15
Signature of Officer or Authorized Representative Date

Francis W. Ingersoll
Print or Type Name of Officer or Authorized Representative

Treasurer

Report No. 521
Filed on: 06/08/2015