

PIN#3766



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. 26681		2. Exact name of the Corporation Lts. Armstrong-Gladding. Post #69 American Legion			
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island Support Veterans and their families.			
5. Principal office address 2 Salem st.			City Providence	State R.I.	Zip 02907
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Sylvester Fields			Vice-President Name Chris Johnson		
Street Address 6 Comstock St.			Street Address 895 Chalkstone ave.		
City Prov	State RI.	Zip 02905	City Prov,	State RI.	Zip 02908
Secretary Name Frederick Correy Sr.			Treasurer Name M.J. Norris		
Street Address 225 New London ave.			Street Address P.O. Box 5650		
City Cranston	State RI.	Zip 02920	City Prov,	State RI.	Zip 02903
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 Macon Lawrence			Director Name Kenneth Reis		
Street Address 37 Standwood st.			Street Address 2 Salem st.		
City Prov,	State RI.	Zip 02907	City Prov,	State RI.	Zip 02907
Director Name Johanne Washington			Director Name		
Street Address 78 Cypress st.			Street Address		
City Prov,	State RI.	Zip 02906	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND <u>Montrel J. Norris 240 Oxford, Prov, RI, 02905</u> 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.

M. J. Norris 6-3-15
 Signature of Officer or Authorized Representative Date

FILED

JUN 10 2015

M.J. Norris
 Print or Type Name of Officer or Authorized Representative

Form No. 631
 Rev. 6-01 04/2011

BY [Signature]