



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. 41746		2. Exact name of the Corporation Robert I. Hoover Memorial Post 8018 Veterans OF Foreign Wars OF The United States			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Veterans and Community Affairs			
5. Principal office address 2608 South County Trail		City East Greenwich	State RI	Zip 02818	
President Name Post Commander Rodney M Leighton		Vice-President Name Senior Vice Commander Francis P Dolan			
Street Address 50 Waterwheel Ln		Street Address 7 Ohare Ct			
City North Kingstown	State RI	Zip 02852	City Coventry	State RI	Zip 02816
Secretary Name Post Service Officer Ross L Aker		Treasurer Name Post Quartermaster Alan R Beaumier			
Street Address 393 Austin Farm Rd		Street Address 20 Woodland Rd			
City Exeter	State RI	Zip 02822	City East Greenwich	State RI	Zip 02818
7. List all directors (names and addresses) Rhode Island corporations must list no less than three (3) directors (see box for attachment) <input type="checkbox"/>					
Director Name Post Trustee Russell G Allen		Director Name Post Trustee Donald M Johnson			
Street Address 154 Essex Rd		Street Address 270 Essex Rd			
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Director Name Post Trustee Herbert Dyer		Director Name			
Street Address 152 Hallville Rd		Street Address			
City Exeter	State RI	Zip 02822	City	State	Zip

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

JUN 12 2015

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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.

Alan R Beaumier 6/9/2015
 Signature of Officer or Authorized Representative Date

Treasurer/Post Quartermaster Alan R Beaumier
 Print or Type Name of Officer or Authorized Representative