



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. 30625		2. Exact name of the Corporation Post 79, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To manage the Bar, Club and properties of Post #79 Incorporated			
5. Principal office address 44 Central Street		City Central Falls		State RI	Zip 02863
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Eugene R. Pytko			Vice-President Name Archille H. Eno		
Street Address 333 Minerva Avenue			Street Address 100 London Avenue		
City Cumberland	State RI	Zip 02864	City Pawtucket	State RI	Zip 02861
Secretary Name Eugene Racquier			Treasurer Name Richard R. Cartwright		
Street Address 33 Cross Street			Street Address 19 Sanford Avenue		
City Central Falls	State RI	Zip 02863	City Cumberland	State RI	Zip 02864
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name Eugene R. Pytko			Director Name Richard R. Cartwright		
Street Address 333 Minerva Avenue			Street Address 19 Sanford Avenue		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Director Name Lawrence V. Walinski			Director Name Eugene Racquier		
Street Address 13 Victoria Avenue			Street Address 33 Cross Street		
City Rumford	State RI	Zip 02916	City Central Falls	State RI	Zip 02863
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 _____

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.

Eugene R. Pytko 6/27/2015
Signature of Officer or Authorized Representative Date

Eugene R. Pytko / President

Print or Type Name of Officer or Authorized Representative