



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. 505292		2. Exact name of the Corporation OPERATION ON EAGLES WINGS			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island MILITARY NON PROFIT			
5. Principal office address 88 PERRY ST		City CF	State RI	Zip 02863	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name KEN STEBENNE			Vice-President Name ROBERTA MOLAGHLIN		
Street Address 88 PERRY ST			Street Address 88 PERRY ST		
City CF	State RI	Zip 02863	City CF	State RI	Zip 02863
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 DAN COONEY			Director Name KEN STEBENNE		
Street Address 11 CLAY ST			Street Address 88 PERRY ST		
City CF	State RI	Zip 02863	City CF	State RI	Zip 02863
Director Name ROSS STEBENNE			Director Name		
Street Address 20 PINE WOOD DRIVE			Street Address		
City CUMBERLAND	State RI	Zip 02844	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

FEB 22 2016

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.

File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

Signature of Officer or Authorized Representative

Date

Print or type Name of Officer or Authorized Representative