



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000028940

2. Name of Corporation ALVERO E. VIEIRA MEMORIAL POST HOME, INC.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 822 ANTHONY ROAD

City or Town: PORTSMOUTH

State: RI

Zip: 02871

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town:

State:

Zip:

Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

VETERANS OF FOREIGN WAR POST

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	WALTER H COELHO	162 KING PHILLIP ST PORTSMOUTH, RI 02871 USA
DIRECTOR	JOHN F. SILVIA	39 CANTON AVENUE PORTSMOUTH, RI 02871 USA
SECRETARY	CHARLES PETERSON	242 HEDLY STREET

		PORTSMOUTH, RI 02871 USA
VICE PRESIDENT	CARLTON R JOHNSON	650 RHODE ISLAND BLVD. PORTSMOUTH, RI 02871 USA
PRESIDENT	HARRY J. CHURCH	19 MANITON DRIVE PORTSMOUTH, RI 02871 USA
DIRECTOR	ALBERT ROY	325 BRAYTON ROAD TIVERTON, RI 02878 USA
DIRECTOR	JOE SILVA	204 FENNER AVE MIDDLETOWN, RI 02842 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

JOHN F. SILVIA 822 ANTHONY ROAD P.O. BOX 282 PORTSMOUTH , RI 02871

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 18 Day of May, 2016 at 8:08:02 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By WALTER H COELHO
Signature of Authorized Person

Form No. 631
Revised 09/07