



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
27441		Kent County Detachment #453			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
Rhode Island		Military / Fraternal			
5. Principal Office Address		City	State	Zip	
53 Coventry Drive		Coventry	RI	02816	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Cindy Allen			Vice-President Name Patrick Maguire		
Street Address 9 Lynn Drive			Street Address 11 Hickory Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Dawn Campbell			Treasurer Name David Mahon		
Street Address 52 Planet Avenue			Street Address 53 Coventry Drive		
City Riverside	State RI	Zip 02915	City Coventry	State RI	Zip 02816
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Jane Deptula			Director Name Joesph Razza		
Street Address 10 Five Elms Circle			Street Address 34 Glenbrook Road		
City Coventry	State RI	Zip 02816	City Warwick	State RI	Zip 02889
Director Name Michael Zaino			Director Name Paul Campbell		
Street Address 5 Sylvan Drive			Street Address 52 Planet Avenue		
City East Greenwich	State RI	Zip 02818	City Riversdsie	State RI	Zip 02915
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative David J. Mahon / Paymaster				Date 16 May 2016	
Signature of Officer/Authorized Representative 					

FILED

MAY 19 2016

BY 1310