



**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

**Foreign Non-Profit
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. 000738745

2. Name of Corporation Veterans of Foreign Wars Foundation

3. State of Incorporation

State: MO

4. Corporate Address in Rhode Island

No. and Street: 406 W. 34TH STREET

City or Town: KANSAS CITY, MO

State: RI Zip: 64111 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

SUPPORTS PROGRAMS THAT PROVIDE URGENTLY NEEDED SERVICES FOR US TROOPS
THEIR FAMILIES AND VETERANS VIA CHARITABLE CONTRIBUTION SOLICITATIONS
OF THE RESIDENTS OF RHODE ISLAND

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR/CHAIRMAN	JOHN A BIEDRZYCKI	406 W 34TH STREET KANSAS CITY, MO 64111 USA
PRESIDENT/DIRECTOR	JOHN E HAMILTON	406 WEST 34TH STREET KANSAS CITY, MO 64111 USA
SECRETARY/TREASURER/DIRECTOR	LAWRENCE M MAHER	406 WEST 34TH STREET KANSAS CITY, MO 64111 USA

DIRECTOR	JANET A. OWENS	406 W. 34TH STREET KANSAS CITY, MO 64111 USA
DIRECTOR	ANTHONY J. PRINCIPI	406 W. 34TH STREET KANSAS CITY, MO 64111 USA
DIRECTOR	MICHAEL DEROSA	406 W. 34TH STREET KANSAS CITY, MO 64111 USA
DIRECTOR	GORDON B. LOGAN	406 W. 34TH STREET KANSAS CITY, MO 64111 USA
DIRECTOR	JOSHUA S HALPERN	406 W 34TH STREET KANSAS CITY, MO 64111 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

SAL CAPIRCHIO ONE CAPITOL HILL PROVIDENCE , RI 02908

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

Signed this 1 Day of June, 2016 at 2:02:08 PM 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 LAWRENCE M. MAHER
Signature of Authorized Person

Form No. 631
Revised 09/07

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