State of	of Rhode Island and Pro Office of the Secreta			
HOPE	Division Of Business 148 W. River S Providence RI 0290 (401) 222-30	treet)4-2615		
Non-Profit Corporation Annual Report Filing Period: June 1 - June 30				
In accordance with R.I.G.L. 7-6-94 report within the time prescribed b \$25.00.	· · · · · ·			
ANNUAL REPORT YEAR: 2016				
1. Corporate ID No. 000099391				
2. Name of Corporation SEABEE VETERANS OF AMERICA ISLAND X-1 RI				
3. State of Incorporation				
State: <u>RI</u>				
4. Corporate Address in Rhode Island				
No. and Street:4 PRESERVED ARNOLD COURTCity or Town:LINCOLNState:RIZip:02865Country: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 ORGANIZATION				
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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete				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	Address		
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country		
PRESIDENT	ROBERT LASSAN	88 GIBSON HILL ROAD SOUTH STERLING, CT 06377 USA		
SECRETARY	PHILIP ARNOLD JUSTIN	4 PRESERVED ARNOLD COURT LINCOLN, RI 02865-2505 USA		

CHARLES E. NEHRING

59 STONY FORT ROAD

VICE PRESIDENT

		SAUNDERSTOWN, RI 02874-1114 USA
OTHER OFFICER	PHILIP A. JUSTIN	4 PRESERVED ARNOLD COURT LINCOLN, RH 02865-2505 UNI
DIRECTOR	ERNEST SALVAS	136 REYNOLDS STREET DANIELSON, CT 06239 USA
DIRECTOR	KENNETH A. SENKER	92 EDMOND DRIVE NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	JOSEPH CORMIER	164 GLENWOOD DRIVE NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	ROBERT W SCHWAB	24 SURREY LANE NORTH KINGSTOWN, RI 02852 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

PHILIP A. JUSTIN 21 IAFRATE WAY NORTH KINGSTOWN , RI 02852

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

Signed this 2 Day of June, 2016 at 12:12:27 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 <u>PHILIP A. JUSTIN</u> Signature of Authorized Person

Form No. 631 Revised 09/07

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