



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			
41746		Robert L. Hoover Memorial Post 8018 Veterans OF Foreign Wars OF the United States			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RI		Veterans and Community Affairs			
5. Principal Office Address		City	State	Zip	
2608 South County Trail		East Greenwich	RI	02818	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Post Commander Rodney M Leighton			Vice-President Name SR Vice Commander Francis P Dolan		
Street Address 50 Waterwheel Ln			Street Address 7 Ohare Ct		
City East Greenwich	State RI	Zip 02852	City Coventry	State RI	Zip 02816
Secretary Name Post Service Officer Ross L Aker			Treasurer Name Post Quartermaster Alan R Beaumier		
Street Address 393 Austin Farm Rd			Street Address 20 Woodland Rd		
City Exeter	State RI	Zip 02822	City East Greenwich	State RI	Zip 02818
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 Post Trustee Russell G Allen			Director Name Post Trustee William R Swift		
Street Address 154 Essex Rd			Street Address 940 Quaker Lane Apt 1415		
City North Kingstown	State RI	Zip 02852	City East Greenwich	State RI	Zip 02818
Director Name Post Trustee Herbert Dyer			Director Name none		
Street Address 152 Hallville Rd			Street Address		
City Exeter	State RI	Zip 02822	City	State	Zip
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 Treasurer/Post Quartermaster Alan R Beaumier				Date 6/3/2016	
Signature of Officer/Authorized Representative <i>Alan R Beaumier</i> SIGN DOCUMENT HERE					

FILED

JUN 06 2016

BY

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