



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

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016**

**Filing Period:** June 1 - June 30 • **Filing Fee:** \$20.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* 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.

|  |                      |   |                              |  |                     |                           |                     |
|--|----------------------|---|------------------------------|--|---------------------|---------------------------|---------------------|
| 1. Corporate ID No.<br><b>69353</b>  |                      | 2. Name of Corporation<br><b>ALMEIDA-HINES CHAPTER #22 D.A.V.</b>             |                              |  |                     |                           |                     |
| 3. State of Incorporation<br><b>RHODE ISLAND</b>   |                      | 4. Corporate address in Rhode Island - Street Address<br><b>695 BROAD ST.</b> |                              |  |                     | City<br><b>CUMBERLAND</b> | Zip<br><b>02864</b> |
| 5. Foreign corporation. Enter principal office address   |                      |   | City                         |  | State               |                           | Zip                 |
| 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island<br><b>HELPING VETERANS</b>       |                      |   |                              |  |                     |                           |                     |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |                      |   |                              |  |                     |                           |                     |
| President Name<br><b>DONALD M. BRUNELLE</b>  |                      |   |                              | Vice President Name<br><b>MICHAEL J. WOODS</b>   |                     |                           |                     |
| Street Address<br><b>392 GREAT RD.</b>   |                      |   |                              | Street Address<br><b>500 MENDON RD. UNIT 104</b> |                     |                           |                     |
| City<br><b>LINCOLN</b>   | State<br><b>R.I.</b> | Zip<br><b>02865</b>   | City<br><b>SO. ATTLEBORO</b> | State<br><b>MA.</b>                              | Zip<br><b>02703</b> |                           |                     |
| Secretary Name<br><b>JAMES A. WRIGHT</b>   |                      |   |                              | Treasurer Name<br><b>ROBERT G. JAWORSKI</b>      |                     |                           |                     |
| Street Address<br><b>249 ANN ST.</b>   |                      |   |                              | Street Address<br><b>12 BOULEVARD AVE.</b>       |                     |                           |                     |
| City<br><b>CUMBERLAND</b>  | State<br><b>R.I.</b> | Zip<br><b>02864</b>   | City<br><b>LINCOLN</b>       | State<br><b>R.I.</b>                             | Zip<br><b>02865</b> |                           |                     |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS |                      |   |                              |  |                     |                           |                     |
| THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23                 |                      |   |                              |  |                     |                           |                     |
| Director Name<br><b>STEPHEN E. BUSS</b>  |                      |   |                              | Director Name<br><b>DANIEL J. M'CAULEY</b>       |                     |                           |                     |
| Street Address<br><b>76 SCOTT RD.</b>  |                      |   |                              | Street Address<br><b>688 WEE DEN ST.</b>         |                     |                           |                     |
| City<br><b>CUMBERLAND</b>  | State<br><b>R.I.</b> | Zip<br><b>02864</b>   | City<br><b>PAWTUCKET</b>     | State<br><b>R.I.</b>                             | Zip<br><b>02860</b> |                           |                     |
| Director Name<br><b>JOHN CROALL</b>  |                      |   |                              | Director Name<br><b>NONE</b>                     |                     |                           |                     |
| Street Address<br><b>1524 ROUND TOP RD.</b>  |                      |   |                              | Street Address                                   |                     |                           |                     |
| City<br><b>HARRISVILLE</b>   | State<br><b>R.I.</b> | Zip<br><b>02830</b>   | City                         | State  | Zip                 |                           |                     |
| 9. REGISTERED AGENT IN RHODE ISLAND  |                      |   |                              |  |                     |                           |                     |

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**FILED**

JUN 06 2016

BY 1410

File Date \_\_\_\_\_

Check No. \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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.

James A. Wright 6-3-16  
Signature of Officer Date

JAMES A. WRIGHT  
Print or Type Name of Officer

ADJUTANT (SECRETARY)  
Title of Officer