| State of | of Rhode Island and Pro Office of the Secreta | | Fee: \$20.00 |
|--|--|---|--------------|
| HOPE | Division Of Business 148 W. River St Providence RI 0290 (401) 222-304 | reet 4-2615 | |
| Non-Profit Corporation 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. 000029563 | | | |
| 2. Name of Corporation Washington County Foreign Service Veterans Association | | | |
| 3. State of Incorporation | | | |
| State: <u>RI</u> | | | |
| 4. Corporate Address in Rhode Island | | | |
| No. and Street:155 HIGH STREETCity or Town:WAKEFIELDState: RIZip: 02879Country: 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 | | | |
| | | | |
| FRATERNAL | | | |
| 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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete | | | |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 | |
| PRESIDENT | First, Middle, Last, Suffix WALTER CAMPBELL 3RD | Address, City or Town, State, Zip Co | |
| | | 1919 KINGSTOWN RO WAKEFIELD, RI 02879 US | |
| TREASURER | JENNIFER LYNN WHITWORTH | 34 TERN RD NARRAGANSETT, RI 02882 | USA |
| DIRECTOR | ROBERT BARBER | 2271 TOWER HILL R | DAD |

2271 TOWER HILL ROAD

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

RAYMOND GREENE 1936 KINGSTOWN ROAD WAKEFIELD, RI 02879

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

Signed this 20 Day of June, 2016 at 3:54:58 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 JENNIFER WHITWORTH

Signature of Authorized Person

Form No. 631 Revised 09/07

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