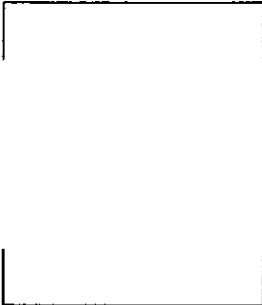




**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

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			
26364		American Convention Corporation			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
Rhode Island		To run the State Convention for the American Legion			
5. Principal Office Address			City	State	Zip
333 Minerva Avenue			Cumberland	RI	02864
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name			Vice-President Name		
Eugene R. Pytka			Domenic A. Durante		
Street Address			Street Address		
333 Minerva Avenue			95 Newman Avenue Apt. 301		
City	State	Zip	City	State	Zip
Cumberland	RI	02864	Rumford	RI	02916
Secretary Name			Treasurer Name		
Glenn Maciel			Cory Bates		
Street Address			Street Address		
4 Buckboard Drive			PO Box 5		
City	State	Zip	City	State	Zip
Seekonk	MA	02771	Coventry	RI	02816
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			Director Name		
Eugene R. Pytka			Domenic A. Durante		
Street Address			Street Address		
333 Minerva Avenue			95 Newman Ave. Apt. 301		
City	State	Zip	City	State	Zip
Cumberland	RI	02864	Rumford	RI	02916
Director Name			Director Name		
Glenn Maciel			Cory Bates		
Street Address			Street Address		
5 Buckboard Drive			PO Box 5		
City	State	Zip	City	State	Zip
Seekonk	MA	02771	Coventry	RI	02816
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					Date
Eugene R. Pytka					June 14, 2016
Signature of Officer/Authorized Representative					

FILED
JUN 20 2016

BY 1054