RI SOS Filing Number: 201600889790 Date: 06/20/2016 4:00 PM

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

Annual Report for the year: 2016
Non-Profit Corporation

→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of the Corporation
704644	Rhode Island Regional Squadron, Air Force Base Veterans Association, Inc
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
RI	TO ADVANCE EDUCATIONAL OPPORTUNITIES REGARDING THE AIR FORCE

5. Principal Office Address	City	State	Zip
72 EAST PARK LANE	KINGSTON	RI	02881

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Leo H. Fox	Robert K Dalton
Street Address: 72 East Park Lane	Street Address: 14 Bangor Street
City: Kingston State: RI Zip: 02881	City: Warwick State: RI Zip: 02886
Secretary Name: Raymond Vernon	Treasurer Name: Daniel J Hogberg
Street Address: 37 Ideal Court	Street Address: 34 Tomahawk Trail
City: E. Greenwich State: RI Zip: 02818	City: Cranston State: RI Zip: 02921

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name	Director Name
Leo H Fox	Antero L. Martins
Street Address: 72 East Park Lane	Street Address: 54 Ferncrest Drive
City: Kingston State: RI Zip: 02881	City: Pawtucket State: RI Zip: 02861
Director Name: Robert K Dalton	Director Name: Daniel J. Hogberg
Street Address: 14 Bangor Street	Street Address: 34 Tomahawk Trail
City: Warwick State: RI Zip: 02886	City: Cranston State: RI Zip: 02921

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.

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

Name of Officer/Authorized Representative	Date
Leo H. Fox	6/14/2016

Signature of Officer/Authorized Representative: Leo H Fox

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JUN 20 2016
BY 107

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 05/2016

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