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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
70228	American Legion Barrington Post 8 Inc.
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	Represent, Support and Honor Veterans for their Service in the Military of the U.S.

5. Principal Office Address	City	State	Zip
2 Legion Way	Barrington	R. I.	02806

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

President Name	Vice-President Name
Luigi Carusi, Jr.	Joseph MaCrae
Street Address: 110 Church Street	Street Address: 10 Josal Drive
City: Barrington, State: R. I., Zip: 02806	City: Barrington, State: R. I., Zip: 02806
Secretary Name: Fred Thompson	**Treasurer Name:** Fred Thompson
Street Address: 21 Frederick Drive	Street Address: 21 Frederick Drive
City: Barrington, State: R. I., Zip: 02806	City: Barrington, State: R. I., Zip: 02806

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
Luigi Carusi, Jr.	Joseph MaCrae
Street Address: 110 Church Street	Street Address: 10 Josal Drive
City: Barrington, State: R. I., Zip: 02806	City: Barrington, State: R. I., Zip: 02806
Director Name: Fred Thompson	Director Name:
Street Address: 21 Frederick Drive	Street Address:
City: Barrington, State: R. I., Zip: 02806	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.

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
Frederick Thompson	07/07/16

Signature of Officer/Authorized Representative: Frederick Thompson SIGN DOCUMENT HERE

FILED
JUL 07 2016
By 378498

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

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