



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2015
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.

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DEPARTMENT OF STATE
BUREAU OF CORPORATIONS
JUL 25 2016

1. Entity ID Number <u>105243</u>		2. Exact name of the Corporation <u>Berard-Dossanias Post 88 Club</u>	
3. State <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Veteran's NON-PROFIT Community Organization</u>	
5. Principal Office Address <u>111 Chapel ST</u>		City <u>HARRISVILLE</u>	State <u>RI</u>
		Zip <u>02830</u>	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Raymond J Thirque</u>		Vice-President Name <u>Brian W. Chomere</u>	
Street Address <u>300 CENTINELA ST.</u>		Street Address <u>309 CENTINELA ST</u>	
City <u>PASCOAG</u>	State <u>RI</u>	City <u>PASCOAG</u>	State <u>RI</u>
Zip <u>02859</u>		Zip <u>02859</u>	
Secretary Name <u>LINDA A PECK</u>		Treasurer Name <u>CONRAD BRAHN</u>	
Street Address <u>1000 S. MAIN ST.</u>		Street Address <u>365 Camp Dixie RD</u>	
City <u>PASCOAG</u>	State <u>RI</u>	City <u>PASCOAG</u>	State <u>RI</u>
Zip <u>02859</u>		Zip <u>02859</u>	
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 <u>RICHARD E. PECK</u>		Director Name <u>ARTHUR Z. AUBIN</u>	
Street Address <u>1000 S. MAIN ST</u>		Street Address <u>13 mill Pond RD</u>	
City <u>PASCOAG</u>	State <u>RI</u>	City <u>HARRISVILLE</u>	State <u>RI</u>
Zip <u>02859</u>		Zip <u>02830</u>	
Director Name <u>CHRISTOPHER TOTI</u>		Director Name	
Street Address <u>285 MAIN ST</u>		Street Address	
City <u>PASCOAG</u>	State <u>RI</u>	City	State
Zip <u>02859</u>		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 <u>Raymond J Thirque</u>		Date <u>JUL 19 2016</u>	
Signature of Officer/Authorized Representative 			

FILED

JUL 25 2016

BY C111320SD

MAIL TO:

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Website: www.sos.ri.gov