



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.

FILED
 SECRETARIAL DIVISION
 2016 JUL 27 PM 11:54

1. Entity ID Number 105243		2. Exact name of the Corporation Berard - Desjarlais Post 88 Club	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Veteran's NON-PROFIT COMMUNITY ORGANIZATION	
5. Principal Office Address 111 Chapel St.		City Harrisville	State RI
		Zip 02830	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Ronald P. LAPIERRE		Vice-President Name CONRAD P. ZAHN	
Street Address 1050 MT PLEASANT RD		Street Address 365 CAMP AXIE RD	
City Harrisville	State RI	City PASCOAG	State RI
Zip 02830		Zip 02859	
Secretary Name LINDA A PECK		Treasurer Name Raymond A. Fontenault	
Street Address 1000 S. MAIN ST		Street Address 701 JOSLIN RD	
City PASCOAG	State RI	City HARRISVILLE	State RI
Zip 02859		Zip 02830	
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 Richard E. PECK		Director Name George E. RPIUS	
Street Address 1000 S MAIN ST		Street Address 40 Elm Rd Box 96	
City PASCOAG	State RI	City blendale	State RI
Zip 02859		Zip 02826	
Director Name Richard P. Buetta		Director Name	
Street Address 119 B Railroad Ave		Street Address	
City Harrisville	State RI	City	State
Zip 02830		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 Raymond J. Fontenault		Date July 19 2016	
Signature of Officer/Authorized Representative <i>(Signature)</i>			

SIGN DOCUMENT HERE

FILED

JUL 25 2016

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