



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2008
Non-Profit Corporation

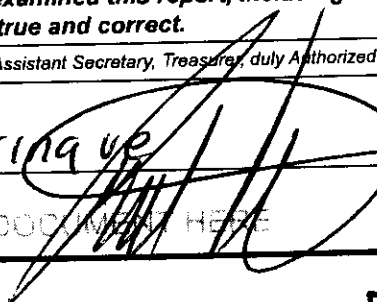
→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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SECRETARY OF STATE
CORPORATIONS DIV

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1. Entity ID Number <u>105243</u>		2. Exact name of the Corporation <u>BETARD DESTARKUS POST 88 CLUB</u>			
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>VETERANS 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>RICHARD E. PECK</u>		Vice-President Name <u>RONALD P. LAPRIERE</u>			
Street Address <u>1000 S. MAIN ST</u>		Street Address <u>1050 MT Pleasant RD</u>			
City <u>PASCOAG</u>	State <u>RI</u>	Zip <u>02859</u>	City <u>HARRISVILLE</u>	State <u>RI</u>	Zip <u>02830</u>
Secretary Name <u>LEO P. BERNARD</u>		Treasurer Name <u>RAYMOND A. FONTENAU</u>			
Street Address <u>JOSLIN RD PO Box 45</u>		Street Address <u>701 JOSLIN RD</u>			
City <u>HARRISVILLE</u>	State <u>RI</u>	Zip <u>02830</u>	City <u>HARRISVILLE</u>	State <u>RI</u>	Zip <u>02830</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>LINDA A. PECK</u>		Director Name <u>GEORGE E DUPUIS</u>			
Street Address <u>1000 S. MAIN ST</u>		Street Address <u>40 Elm RD Box 96</u>			
City <u>PASCOAG</u>	State <u>RI</u>	Zip <u>02859</u>	City <u>Blendale</u>	State <u>RI</u>	Zip <u>02826</u>
Director Name <u>RAYMOND J TRINQUE</u>		Director Name			
Street Address <u>300 Centennial ST</u>		Street Address			
City <u>PASCOAG</u>	State <u>RI</u>	Zip <u>02859</u>	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 <u>RAYMOND J. TRINQUE</u>				Date <u>JULY 19 2008</u>	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

FILED

JUL 25 2016

BY C111320SD
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MAIL TO:

Division of Business Services

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FORM 631 - Revised: 05/2016