



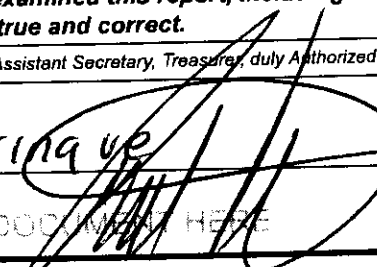
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

2010 JUL 25 PM 1:54

1. Entity ID Number 105243		2. Exact name of the Corporation BETARD DESTARKUS POST 88 CLUB	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island VETERANS 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 RICHARD E. PECK		Vice-President Name RONALD P. LAPIERRE	
Street Address 1000 S. MAIN ST		Street Address 7050 MT Pleasant RD	
City PASCOAG	State RI	City HARRISVILLE	State RI
Zip 02859		Zip 02830	
Secretary Name LEO P. BERNARD		Treasurer Name RAYMOND A. FONTENAU	
Street Address JOSLIN RD PO Box 45		Street Address 701 JOSLIN RD	
City HARRISVILLE	State RI	City HARRISVILLE	State RI
Zip 02830		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 LINDA A. PECK		Director Name GEORGE E DUPUIS	
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 RAYMOND J TRIQUET		Director Name	
Street Address 300 CENTENNIAL ST		Street Address	
City PASCOAG	State RI	City	State
Zip 02859		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. TRIQUET		Date JULY 19 2008	
Signature of Officer/Authorized Representative 		SIGN DOCUMENT HERE	

FILED

JUL 25 2016

BY C111320SD
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