



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

Annual Report for the year: 2005
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>105-243</u>		2. Exact name of the Corporation <u>BEARD-DESSARLAIS 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 NOW 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 Lappine</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>	City <u>HARRISVILLE</u>	State <u>RI</u> Zip <u>02830</u>
Secretary Name <u>Raymond J Trinqu</u>		Treasurer Name <u>Raymond A Fontenault</u>	
Street Address <u>300 CENTENNIAL ST</u>		Street Address <u>701 JOSLIN RD</u>	
City <u>PASCOAG</u>	State <u>RI</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-PECK Dandrea</u>		Director Name <u>Adelard Paquette</u>	
Street Address <u>1000 S MAIN ST</u>		Street Address <u>45 N. MAIN ST APT 203</u>	
City <u>PASCOAG</u>	State <u>RI</u>	City <u>PASCOAG</u>	State <u>RI</u> Zip <u>02859</u>
Director Name <u>NORMAN E Ttemblay</u>		Director Name	
Street Address <u>245 MAUTEEN CIR.</u>		Street Address	
City <u>Mapleville</u>	State <u>RI</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 Trinqu</u>		Date <u>July 19 2016</u>	
Signature of Officer/Authorized Representative 			

FILED

JUL 25 2016

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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FORM 631 - Revised: 05/2016