



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2012
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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BUSINESS SERVICES DIV.

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|--|-----------------|--|--------------------|
| 1. Entity ID Number <u>105243</u> | | 2. Exact name of the Corporation <u>Berard-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 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>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> | | Zip <u>02859</u> | |
| Secretary Name <u>Leo P. Berard</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> | City <u>HARRISVILLE</u> | State <u>RI</u> |
| Zip <u>02830</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>Ronald P Lapierre</u> | | Director Name <u>ARTHUR LAWRENCE</u> | |
| Street Address <u>1050 MT Pleasant RD.</u> | | Street Address <u>VICTORY Highway PO Box 111</u> | |
| City <u>HARRISVILLE</u> | State <u>RI</u> | City <u>MARSHVILLE</u> | State <u>RI</u> |
| Zip <u>02830</u> | | Zip <u>02835</u> | |
| Director Name <u>Raymond S. Thynne</u> | | Director Name | |
| Street Address <u>306 CENTRAL 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 S. Thynne</u> | | Date <u>JUL 15 2016</u> | |
| Signature of Officer/Authorized Representative | | SIGN DOCUMENT HERE | |

FILED

JUL 25 2016

BY 11132050
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 631 - Revised: 05/2016