



State of Rhode Island and Providence Plantations

**Department of State - Business Services Division**

**Annual Report for the year:** 2015  
**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.

1. Entity ID Number <b>000789306</b>		2. Exact name of the Corporation <b>Wm. Shields Jr. Unit #43 American Legion Auxiliary</b>	
3. State of Incorporation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>To assist veterans and their families</b>	
5. Principal Office Address <b>662 West Shore Road</b>		City <b>WARWICK</b>	State <b>R.I.</b>
		Zip <b>02889</b>	
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>KATHLEEN JOHNSON</b>		Vice-President Name <b>BETHANY RIVET</b>	
Street Address <b>118 CAHILL STREET</b>		Street Address <b>221 NORTH ROAD</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	City <b>PASCOAG</b>	State <b>RI</b>
Zip <b>02905</b>		Zip <b>02859</b>	
Secretary Name <b>DONNA RIVET</b>		Treasurer Name <b>SHARON DEMERS</b>	
Street Address <b>221 NORTH ROAD</b>		Street Address <b>8 BORDER STREET</b>	
City <b>PASCOAG</b>	State <b>RI</b>	City <b>WEST WARWICK</b>	State <b>R.I.</b>
Zip <b>02859</b>		Zip <b>02893</b>	
7. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>ELAINE WALMSLEY</b>		Director Name <b>JUANITA SCUNCIO</b>	
Street Address <b>263 SANDY LANE</b>		Street Address <b>437 ELM STREET</b>	
City <b>WARWICK</b>	State <b>RI</b>	City <b>WARWICK</b>	State <b>R.I.</b>
Zip <b>02889</b>		Zip <b>02888</b>	
Director Name <b>LINDA REED</b>		Director Name	
Street Address <b>112 TIDEWATER DRIVE</b>		Street Address	
City <b>WARWICK</b>	State <b>R.I.</b>	City	State
Zip <b>02889</b>		Zip	
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative <b>SHARON DEMERS</b>			Date <b>9/14/2016</b>
Signature of Officer/Authorized Representative <i>Sharon Demers</i>			

**FILED**

SEP 14 2016

BY

**0987 DS**

**MAIL TO:**

**Division of Business Services**

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

**Phone:** (401) 222-3040

**Website:** www.sos.ri.gov