



State of Rhode Island and Providence Plantations

**Department of State - Business Services Division**

**Annual Report for the year:** 2016

**Non-Profit Corporation**

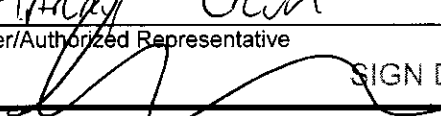
→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

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

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1. Entity ID Number <u>29509</u>		2. Exact name of the Corporation <u>S.S. PAYNE MEMORIAL ASSOCIATION</u>			
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>VETERANS NON-PROFIT / VFW social club</u>			
5. Principal Office Address <u>40 VALLEY ST.</u>			City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>
6. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>GARY CARM</u>			Vice-President Name <u>STEVEN FORTES</u>		
Street Address <u>40 VALLEY ST.</u>			Street Address <u>30 PAVILION AVE</u>		
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>	City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
7. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <u>TIMOTHY GALUZA</u>			Director Name <u>MELVIN CARM</u>		
Street Address <u>10 GAIL DRIVE</u>			Street Address <u>35 HAMLIN ST</u>		
City <u>BELLINGHAM</u>	State <u>MA</u>	Zip <u>02019</u>	City <u>PROV</u>	State <u>RI</u>	Zip <u>02905</u>
Director Name <u>DAN KUHN</u>			Director Name		
Street Address <u>6 MATE WHIPPLE DR 203</u>			Street Address		
City <u>CUMBERLAND</u>	State <u>RI</u>	Zip <u>02804</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.					
<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>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <u>GARY CARM</u>					Date <u>10 NOV 2016</u>
Signature of Officer/Authorized Representative 					SIGN DOCUMENT HERE

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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

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BY C 12841198

FORM 631 - Revised: 05/2016