



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

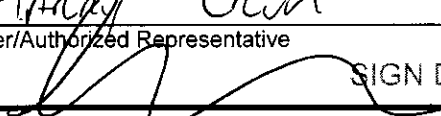
Non-Profit Corporation

→ 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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R.I. DEPT. OF STATE
BUS SVCS DIV
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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 MUST list at least THREE 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 NATE 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.					
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.					
<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