



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

Annual Report for the year: 2017
 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 DIV.

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1. Entity ID Number 101287		2. Exact name of the Corporation RING RETIREES ASSOCIATION			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island TO UPDATE AND INFORM NATIONAL GUARD; OTHER MILITARY RETIREES AND ASSOCIATES OF CURRENT CHANGES-			
4. NAICS Code 813410 (VETERANS ORG)					
6. Principal Office Address COMMND READINESS CENTER 645 NEW LONDON AVE			City CRANSTON	State RI	Zip 02920
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ROBERT URDUHART		Vice-President Name WILLIAM B. O'MARRA			
Street Address 101 CARRIAGE HILL ROAD		Street Address 123 TROY STREET			
City NORTH KINGSTOWN	State RI	Zip 02852	City RUMFORD	State RI	Zip 02916
Secretary Name LUIGI D. STANZIALE		Treasurer Name PATRICK C. CURRAN			
Street Address 31 FORSYTH STREET		Street Address 1571 MAINST, APT 14C			
City PROVIDENCE	State RI	Zip 02908	City WEST WARWICK	State RI	Zip 02893
8. 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 PAUL D. VONA		Director Name LUIS A. SOUSA			
Street Address 216 NEGANSETT AVE		Street Address 32 POMHAM			
City WARWICK	State RI	Zip 02888	City CRANSTON	State RI	Zip 02910
Director Name DAVID GRAY		Director Name JOHN P. GALLO SR.			
Street Address 153 BAYARD STREET		Street Address 453 GROTTO AVE			
City PROVIDENCE	State RI	Zip 02906	City PAWTUCKET	State RI	Zip 02860
9. 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 WILLIAM B. O'MARRA, VICE-PRESIDENT					Date JUNE 6, 2017
Signature of Officer/Authorized Representative <i>W. B. O'Marra</i>					FILED JUN 01 2017

MAIL TO:
 Division of Business Services
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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