



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 27441		2. Exact name of the Corporation Kent County Detachment Marine Corps League			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Military / Fraternal			
5. Principal office address 53 Coventry Drive			City Coventry	State RI	Zip 02816
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Patrick S. Maguire			Vice-President Name Paul E. Campbell		
Street Address 22 Hickory Road			Street Address 52 Planet Avenue		
City Coventry	State RI	Zip 02816	City Riverside	State RI	Zip 02915
Secretary Name Michael Zaino			Treasurer Name David J. Mahon		
Street Address 5 Sylvan Drive			Street Address 53 Coventry Drive		
City E Greenwich	State RI	Zip 02818	City Coventry	State RI	Zip 02816
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Frank P. Dolan			Director Name Cynthia Allen		
Street Address 7 O'Hare Court			Street Address 9 Lynn Drive		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Director Name Joseph Razza			Director Name Jane A. Deptula		
Street Address 34 Glenbrook Road			Street Address 10 Five Elms Circle		
City Warwick	State RI	Zip 02889	City Coventry	State RI	Zip 02816
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

David J. Mahon

05/26/2017

Signature of Officer or Authorized Representative

Date

David J. Mahon

Print or Type Name of Officer or Authorized Representative

FILED
JUN 01 2017
BY 138105