



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. 000789306		2. Exact name of the Corporation Wm. Shields Jr. Unit #43 American Legion Auxiliary			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To assist Veterans and their families			
5. Principal office address 662 West Shore Road			City Warwick	State RI	Zip 02889
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Bethany Rivet			Vice-President Name Gloria Zeoli		
Street Address 45 Broad St.			Street Address 25 Sweet Meadow Drive		
City Pascoag	State RI	Zip 02859	City Warwick	State RI	Zip 02889
Secretary Name Donna Rivet			Treasurer Name Sharon Demers		
Street Address 87 Beamis Ave.			Street Address 8 Border Street		
City Cumberland	State RI	Zip 02864	City West Warwick	State RI	Zip 02893
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 Joan Carroll			Director Name Linda Reed		
Street Address 19 Sanford Ave.			Street Address 112 Tidewater Drive		
City Cumberland	State RI	Zip 02864	City Warwick	State RI	Zip 02889
Director Name Eva Horton			Director Name		
Street Address 58 Bluff Ave.			Street Address		
City Warwick	State RI	Zip 02889	City	State	Zip
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.

Signature of Officer or Authorized Representative

Date

Sharon Demers

Print or Type Name of Officer or Authorized Representative

FILED

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