RI SOS Filing Number: 201744884040 Date: 6/5/2017 4:00:00 PM

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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1. Entity ID Number	2. Exact nam	2. Exact name of the Corporation				
130270	Associatio	Association of Retired Combat Communicators				
3. State of Incorporation	5. Brief descr	5. Brief description of the character of business conducted in Rhode Island				
RI	An organiz	An organization supporting military personnel who have honorably served with the				
4. NAICS Code 8 1341¢		281st, 282nd or 102nd units of the Rhode Island Air National Guard				
6. Principal Office Address			City	State	Zip	
168 Ridge Rd			Smithfield	RI	02917	
7. List ALL officers (names and	d addresses)			Check the box to indicate	an attachment	
President Name Richard Boisclair			Vice-President Name Kenneth Ethier			
Street Address 2845 Harkney Hill Rd			Street Address 166 Princeton Ave			
City Coventry	State RI	^{Zip} 02816	City Coventry	State R!	^{Zip} 02816	
Secretary Name Steve Orlomoski			Treasurer Name James Bell			
Street Address 145 North Society Road			Street Address 168 Ridge RD			
City Canterbury	State CT	^{Zip} 06331	City Smithfield	State RI	^{Zip} 02917	
8. List ALL directors (names a	nd addresses). RI C	orporations MUST	list at least THREE directors.	Check the box to indic	cate an attachment	
Director Name Steve Dlugosz			Director Name Gilbert Lavoie			
Street Address 23 Lane C			Street Address 52 Woodland Dr			
City Coventry	State RI	^{Zip} 02816	City Coventry	State RI	^{Zip} 02816	
Director Name Al Bartlett			Director Name			
Street Address 64 Spring Grove Rd			Street Address			
City Chepachet	State RI	^{Zip} 02814	City	State	Zíp	
9. Registered Agent in Rhode	Island. This informati	on is currently of reco	rd in the Department of State. Ch	anges require filing Form 6	41.	
Under penalty of perjury, I d statements, and that all stat	eclare and affirm t ements contained	hat I have examine herein are true an	ed this report, including any d correct.	accompanying sched	ules and	
This report must be signed by either th				Representative, Receiver or Tru	stee.	
Name of Officer/Authorized Re	epresentative			Date		
James Bell				1 Jun 2017		
Signature of Office /Authorized	1 Representative		en ch			

vision of Business Services

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

n: (401) 222-3040 www.sos.ri.gov

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