



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. 26328		2. Exact name of the Corporation DOWNEY-WEAVER, POST BUILDING ASSOCIATION	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island AMERICAN LEGION POST TO SUPPORT VETERANS, ACTIVE-DUTY military and their families thru social events & financial assistance	
5. Principal office address 20 Whipple Dr		City CHARLESTOWN	State RI Zip 02813
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name GERALD PELOQUIN		Vice-President Name WES LAURENT	
Street Address 48 NORTH RD		Street Address 27 BAXTER ST	
City RICHMOND	State RI Zip	City CHARLESTOWN	State RI Zip 02813
Secretary Name Cheryl A. SERPA		Treasurer Name LAILE THOMPSON	
Street Address 33 SAND HILL RT		Street Address 20 JACOB PERRY DR	
City CHARLESTOWN	State RI Zip 02813	City CHARLESTOWN	State RI Zip 02813
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name JIM GORDON		Director Name MICHAEL SEITA	
Street Address 135 SKUNK HILL RD		Street Address PO BOX 1086 WESTERLY	
City Exeter	State RI Zip 02822	City WESTERLY	State RI Zip 02891
Director Name JOHN FORD		Director Name	
Street Address 109 Columbia St		Street Address	
City Wakefield	State RI Zip	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.

FILED

JUN 09 2017

BY

2060 DS

Signature of Officer or Authorized Representative

Date

Laile H. Thompson