RI SOS Filing Number: 201745390720 Date: 6/12/2017 4:00:00 PM

State of Rhode Island and Providence Plantations Department of State - Business Services Division				2017 J	.R. ₩
Annual Report for the year:					SRA
Non-Profit Corporation 2017				12	\$
NEiling paried. June 4. June 20					CS S ≤
→ Filing period: June 1 - June 30 → Filing Fee: \$20.00					D လ ပြ
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.					
1. Entity ID Number	2. Exact name o	f the Corporation			
26911	AUBURN POST AMERICAN LEGION HOME ASSOCIATION				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
RT					
4. NAICS Code	1				
4. 14.400 0000	VETERANS ORGANIZATION HELPING VETERANS				
	VETORR	N) URGA	NIZATION FIELPIN	6 VETER	ANS
6. Principal Office Address			City	State	Zip
7 LEGION WAY			CRANSTON	RI	02910
7. List ALL officers (names and add	dresses)		Check th	ne box to indicate a	an attachment
President Name R. DENNIS RA	TCLIFFE	-	Vice-President Name	To	
Street Address			Street Address		
36 VINCENT WAY			33 BONNIE BRE		
CRANSTON	State R. Z	D2921	CIMBERLAND	State 7	02864
Secretary Name			i deasurer name		
ROBERT HARDOTUNIAN			MARKEL DAUTEUIL		
Street Address 6 HARVARD 57			Street Address 84 MASON AVE		
CRANSTON CRANSTON	State	Zip 02920	CITYCRANSTON	State RI	Zip 2910
6. List ALL directors (names and addresses). Ri Corporations MOS I list at least I HREE directors.					
Check the box to indicate an attachment Director Name					
R.DENNIS RATCLIFFE			JOHN MARSHALL JR.		
Street Address			Street Address 33 BONNIE BROOK DR		
36 VINCENT	State	Zin -	33 BONN/E B	State	T _{Zin}
CRANSTON	RI	Zip 02921	CUMRERLAND	RI	Zip 02864
Director Name	<i>T</i>		Director Name)	1
ROBERT HAROSTUNIAN Street Address			Street Address		
	57		84 MASON 1	9VE	
CRANSTON	State RI	Zip 2921	CITY CRANSTON	State RI	Zip 02910
9. Registered Agent in Rhode Islan	d. This information is	s currently of record	in the Department of State. Changes re-	quire 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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative				Date	
MARCEL D'AUTEUIL				6/12	12017
Signature of Officer/Authorized Representative Marcel Difficer/Signature FILED					
Marcel a) Clatenil					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615 **Phone:** (401) 222-3040

Website: www.sos.ri.gov

FORM 631 - Revised: 05/2017