



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.

1. Entity ID Number 41746		2. Exact name of the Corporation Robert L Hoover Memorial Post 8018 Veterans of Foreign Wars of The United States			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Veterans and Community Affairs			
4. NAICS Code 813319 - Other Social Adv					
6. Principal Office Address 2608 South County Trail		City East Greenwich	State RI	Zip 02818	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Post Commander Rodney M Leighton		Vice-President Name Sr Vice Commander Francis P Dolan			
Street Address 50 Waterwheel Lane		Street Address 7 Ohare Ct			
City North Kingstown	State RI	Zip 02852	City Coventry	State RI	Zip 02816
Secretary Name Post Service Officer Ross L Aker		Treasurer Name Post Quartermaster Alan R Beaumier			
Street Address 393 Austin Farm Rd		Street Address 20 Woodland Rd			
City Exeter	State RI	Zip 02822	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Post Trustee Russell G Allen		Director Name Post Trustee William R Swift			
Street Address 154 Essex Rd		Street Address 945 Main St Apt 33C			
City North Kingstown	State RI	Zip 02852	City East Greenwich	State RI	Zip 02818
Director Name Post Trustee Herbert Dyer		Director Name NONE			
Street Address 152 Hallville Rd		Street Address			
City Exeter	State RI	Zip 02822	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require 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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Treasurer/ Post Quartermaster Alan R Beaumier				Date 6/12/2017	
Signature of Officer/Authorized Representative <i>Alan R Beaumier</i>				FILED JUN 16 2017	

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

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