



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2017

- 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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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2017 JUN 26 PM 1:51

1. Entity ID Number 33738	2. Exact name of the Corporation TOWN OF COMPANY OF THE LIGHT INFANTRY OF THE GLOUCESTER		
3. State of Incorporation RI	5. Brief description of the character of business conducted in Rhode Island RE. ENACTMENTS, PARADES & SOCIAL EVENTS		
4. NAICS Code 813319			

6. Principal Office Address 33 DORR DRIVE, P.O. BOX 951	City CHEPACHET	State RI	Zip 02814
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7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ALEXANDER TERESHKA			Vice-President Name		
Street Address 49 BROOKHILL ROAD			Street Address		
City N. SCITUATE	State RI	Zip 02857	City	State	Zip
Secretary Name JOSHUA HEYWOOD			Treasurer Name BRIAN S. KAUCH		
Street Address 33 DORR DRIVE			Street Address 189 JOE SARLE ROAD		
City CHEPACHET	State RI	Zip 02814	City CHEPACHET	State RI	Zip 02814

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 THOMAS SANZI			Director Name BRIAN S. KAUCH		
Street Address 18B DORR DRIVE			Street Address 189 JOE SARLE ROAD		
City CHEPACHET	State RI	Zip 02814	City CHEPACHET	State RI	Zip 02814
Director Name JOSHUA HEYWOOD			Director Name		
Street Address 33 DORR DRIVE			Street Address		
City CHEPACHET	State RI	Zip 02814	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.

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 BRIAN S. KAUCH	Date 26 JUNE 2017
Signature of Officer/Authorized Representative 	

FILED

JUN 26 2017

BY le 306899