



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.

Veterans of Foreign Wars of the United States

1. Entity ID Number <u>22802</u>		2. Exact name of the Corporation <u>MATOR WALTER G GATCHELL VFW POST 306</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>PATRIOTIC - CHARITABLE - CIVIC</u>	
4. NAICS Code <u>813319</u>			
6. Principal Office Address <u>171 FOUNTAIN STREET</u>		City <u>PAWTUCKET</u>	State <u>RI</u>
		Zip <u>02860</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>RAYMOND C WELCH</u>		Vice-President Name <u>STEFANO ZIRILLI</u>	
Street Address <u>PO BOX 3185</u>		Street Address <u>189 FINCH AVE</u>	
City <u>ATTLEBORO</u>	State <u>MA</u>	Zip <u>02723</u>	City <u>NORTH PROVIDENCE</u>
			State <u>RI</u>
			Zip <u>02904</u>
Secretary Name <u>SHAWN FITZPATRICK</u>		Treasurer Name <u>SAME AS SECRETARY</u>	
Street Address <u>82 EATON ST</u>		Street Address	
City <u>PAWTUCKET</u>	State <u>RI</u>	Zip <u>02861</u>	City
			State
			Zip
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 <u>ROBERT BALTHAZARD</u>		Director Name <u>MAURICE P TROTIER</u>	
Street Address <u>695 NEWPORT AVE</u>		Street Address <u>20 OAKDALE AVE</u>	
City <u>PAWTUCKET</u>	State <u>RI</u>	Zip <u>02861</u>	City <u>PAWTUCKET</u>
			State <u>RI</u>
			Zip <u>02860</u>
Director Name <u>JOHN P GALLO</u>		Director Name	
Street Address <u>453 GROTTO AVE</u>		Street Address	
City <u>PAWTUCKET</u>	State <u>RI</u>	Zip <u>02860</u>	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 <u>RAYMOND C WELCH</u>			Date <u>6-30-17</u>
Signature of Officer/Authorized Representative <u>Raymond C. Welch</u>			Date <u>6-30-17</u>

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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