RI SOS Filing Number: 201747361610 Date: 7/14/2017 4:00:00 PM

MOPL

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	2. Exact name of the Corporation						
87326	American Legion Auxiliary, Department of Rhode Island						
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
Rhode Island	Well being for our veterans and active duty military and their families						
4. NAICS Code	1						
813319 - Other Social Advocac							
6. Principal Office Address			City	State	Zip		
55 Algonquin Dr.			Warwick	RI	02888		
7. List ALL officers (names and ad	dresses)			box to indicate a	n attachment		
President Name Karen Panzarella	ı Panzarella		Vice-President Name Joan Carroll				
Street Address 21 Blanche Ave		Street Address 19 Stanford Ave.					
City East Providence	State RI	<sup>Zip</sup> 02914	City Cumberland	State RI	Zip 02864		
Secretary Name Beverly Burns	Treasurer Name Elaine Walm		Treasurer Name Elaine Walmsley	<u></u>	· <b></b>		
Street Address 55 Algonquin Drive		Street Address 263 Sandy Lane					
<sup>City</sup> Warwick	State RI	<sup>Zip</sup> 02888	City Warwick	State RI	<sup>Zip</sup> 02889		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment							
Director Name Sharon Demers		Director Name Cheryl Flynn					
Street Address 8 Border St.			Street Address 8 Broad Street				
City West Warwick	State RI	<sup>Zip</sup> 02893	City Warwick	State RI	<sup>Zip</sup> 02888		
Director Name Sandra Lincoln			Director Name Audry Unkuski				
Street Address 136 Dodge St. #202		Street Address 6 Coutu Court					
City Providence	State RI	<sup>Zip</sup> 02907	City West Warwick	State RI	Zip 02893		
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 declar statements, and that all statemen			this report, including any accomp	anying schedule	s and		
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				
Beverly Burns, Secretary				7/2/2017			
Signature of Officer/Authorized Representative  FILED							
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MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JUL 14 2017

FORM 631 - Revised: 06/2017