


STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

2017

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 101532			2. Exact name of the Corporation South County Detachment Marine Corps League, Inc.		
3. State of Incorporation Rhode Island			4. Brief description of the character of business conducted in Rhode Island Military / Fraternal / Support Community Welfare		
5. Principal office address P.O. Box 7908			City Warwick	State RI	Zip 02887
President Name Peter F. Kohlmaat			Vice-President Name Karl D. Dillmann		
Street Address 157 Walmsley Lane			Street Address 2015 Post Road RFD 5		
City Saundertown	State RI	Zip 02874	City Wakefield	State RI	Zip 02879
Secretary Name Carolyn J. Shea			Treasurer Name Carolyn J. Shea		
Street Address 1499 Ocean Road Unit 96			Street Address 1499 Ocean Road Unit 96		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Director Name Warren W. Becker			Director Name David V. Crocker		
Street Address 510 Boston Neck Road			Street Address 170 Pheasant Run		
City North Kingston	State RI	Zip 02852	City Saundertown	State RI	Zip 02874
Director Name Robert T. Leonard			Director Name David J. Tyrell		
Street Address 1 Polo Club Road			Street Address 90 Sherman Road		
City Narragansett	State RI	Zip 02882	City Wakefield	State RI	Zip 02879

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

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.

FILED

Signature of Officer or Authorized Representative
Carolyn J. Shea
Carolyn J. Shea

4-27-17
 Date

Carolyn J. Shea / Paymaster

Print or Type Name of Officer or Authorized Representative

BY

JUL 28 2017

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