



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. Kohlsaat | | 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

JUL 28 2017

Carolyn J. Shea 4-27-17
 Signature of Officer or Authorized Representative Date
Carolyn J. Shea 7-27-17
 Carolyn J. Shea / Paymaster

Print or Type Name of Officer or Authorized Representative

BY 11006 Joan