



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.

1. Entity ID Number 109085		2. Exact name of the Corporation Col. William Rich Higgins Marine Corps League Detachment, Inc	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Domestic Non Profit Corporation Veterans membership Organization 813410	
4. NAICS Code 813990			
6. Principal Office Address PO BOX 1413		City Newport	State RI Zip 02840
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Robert J. Helmbrecht		Vice-President Name Burton C. Quist	
Street Address 3 Bailey Terr.		Street Address 91 Riverview Ave	
City Middletown	State RI	City Middletown	State RI
Zip 02842		Zip 02842	
Secretary Name Barry Clark		Treasurer Name Robert J. Helmbrecht	
Street Address 10 Wabasso Terr		Street Address 3 Bailey Terr	
City Middletown	State RI	City Middletown	State RI
Zip 02842		Zip 02842	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name Jack Regan		Director Name James J. Sullivan	
Street Address 52 Eustis Ave		Street Address 12 Robinson St.	
City Newport	State RI	City Newport	State RI
Zip 02840		Zip 02840	
Director Name Arthur B. Schobert		Director Name	
Street Address 24 West St.		Street Address	
City Newport	State RI	City	State
Zip 02842		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 Robert J. Helmbrecht			Date 7/26/17
Signature of Officer/Authorized Representative Robert J. Helmbrecht			

FILED

JUL 28 2017

BY

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