



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year:

2018

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.

RECEIVED
SECRETARY OF STATE
CORPORATION DIVISION
2018 MAY 30 PM 2:23

1. Entity ID Number 26911		2. Exact name of the Corporation AUBURN POST AMERICAN LEGION HOME ASSOCIATION	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island	
4. NAICS Code 813311		VETERANS ORGANIZATION HELPING VETERANS	
6. Principal Office Address 7 LEGION WAY		City CRANSTON	State RI
		Zip 02910	
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
President Name R. DENNIS RATCLIFFE		Vice-President Name JOHN MARSHALL, JR.	
Street Address 36 VINCENT WAY		Street Address 33 BONNIE BROOK DR.	
City CRANSTON	State RI	City CUMBERLAND	State RI
Zip 02921		Zip 02864	
Secretary Name ROBERT HARDOOTUNIAN		Treasurer Name MARCEL D'AUTEUIL	
Street Address 6 HARVARD ST		Street Address 84 MASON AVE	
City CRANSTON	State RI	City CRANSTON	State RI
Zip 02920		Zip 02910	
8. List ALL directors (names and addresses) RI Corporations MUST list at least THREE directors. <input type="checkbox"/> Check the box to indicate an attachment			
Director Name R. DENNIS RATCLIFFE		Director Name JOHN MARSHALL, JR.	
Street Address 36 VINCENT WAY		Street Address 33 BONNIE BROOK DR.	
City CRANSTON	State RI	City CRANSTON	State RI
Zip 02921		Zip 02864	
Director Name ROBERT HARDOOTUNIAN		Director Name MARCEL D'AUTEUIL	
Street Address 6 HARVARD ST		Street Address 84 MASON AVE	
City CRANSTON	State RI	City CRANSTON	State RI
Zip 02920		Zip 02910	
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 MARCEL D'AUTEUIL			Date 5/30/2018
Signature of Officer/Authorized Representative Marcel D'Auteuil SIGN DOCUMENT HERE			