


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

Annual Report for the year:

Non-Profit Corporation

2018

→ 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 26700		2. Exact name of the Corporation Rhode Island Arundd-Zweir Post No.22 The American Legion Department of	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island An organization of US armed forces veterans performing community service and promoting patriotism	
4. NAICS Code 813319			
6. Principal Office Address PO BOX 41		City Jamestown	State RI
		Zip 02835	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Dennis Webster		Vice-President Name Mark W. Swistak, Sr.	
Street Address 8 Mt Hope Av		Street Address 10 Lincoln St	
City Jamestown	State RI	City Jamestown	State RI
Zip 02835		Zip 02835	
Secretary Name Dan Nistic		Treasurer Name Frank D. Meyer	
Street Address 353 West Reach		Street Address 141 Southst Ave	
City Jamestown	State RI	City Jamestown	State RI
Zip 02835		Zip 02835	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Donald Richardson		Director Name David Wright	
Street Address 12 Davis St		Street Address Carr Lane	
City Jamestown	State RI	City Jamestown	State RI
Zip 02835		Zip 02835	
Director Name Edward Kurz		Director Name None	
Street Address PO Box 682		Street Address	
City Jamestown	State RI	City	State
Zip 02835		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 Frank D. Meyer			Date 6/1/2018
Signature of Officer/Authorized Representative Frank D. Meyer			

MAIL TO:

 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

MAY 31 2018

BY

FORM 631 - Revised: 11/2017