



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.

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 P O 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	Zip 02835	City Jamestown	State RI
Secretary Name Dan Nistic		Treasurer Name Frank D. Meyer		
Street Address 353 West Reach		Street Address 141 Southst Ave		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI
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	Zip 02835	City Jamestown	State RI
Director Name Edward Kurz		Director Name None		
Street Address P O Box 682		Street Address		
City Jamestown	State RI	Zip 02835	City	State
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 <i>Frank D. Meyer</i>			Date	

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
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BY _____ FORM 631 - Revised: 11/2017