

State of Rhode Island and Providence Plantations
Department of State - Business Services DivisionAnnual Report for the year: **2018**

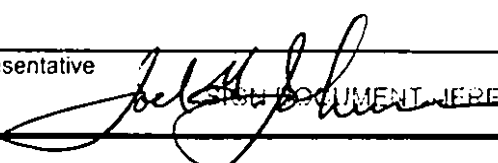
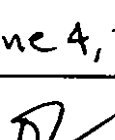
Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

STAMP

1. Entity ID Number 792443		2. Exact name of the Corporation NATHANAEL GREENE MONUMENT FOUNDATION, INC.			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island TO ERRECT AND MAINTAIN A STATUARY MONUMENT IN HONOR OF MAJOR GENERAL NATHANAEL GREENE AT THE VILLAGE OF ANTHONY, COVENTRY, R.I.			
4. NAICS Code 813990 - Other Similar Organi					
6. Principal Office Address 1035 MAIN STREET		City COVENTRY		State RI	Zip 02816
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name JOEL G. JOHNSON			Vice-President Name ROBERT A. DIPADUA, SR.		
Street Address 164 GOUGH AVENUE			Street Address 62 LAUREL AVENUE		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
Secretary Name CHARLES M. VACCA, JR.			Treasurer Name RODNEY R. BAILLARGEON		
Street Address 124 FAIRWAY DRIVE			Street Address 46 LEIGHAS LANE		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name JOEL G. JOHNSON			Director Name ROBERT A. DIPADUA, SR.		
Street Address 164 GOUGH AVENUE			Street Address 62 LAUREL AVENUE		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
Director Name CHARLES M. VACCA, JR.			Director Name RODNEY R. BAILLARGEON		
Street Address 124 FAIRWAY DRIVE			Street Address 46 LEIGHAS LANE		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative JOEL G. JOHNSON				Date June 4, 2018	
Signature of Officer/Authorized Representative 				FILED 	

JUN 07 2018

BY_

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NATHANAEL GREENE MONUMENT FOUNDATION ADDITIONAL BOARD OF
DIRECTORS 2018

ARTHUR G. CAPALDI, ESQ.
1035 MAIN STREET
COVENTRY, R.I. 02816

SHEILA M. KANE
58 INDIAN TRAIL
COVENTRY, R.I. 02816

R. DAVID GERVAIS
300 ABBOTTS CROSSING ROAD
COVENTRY, R.I. 02816