

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

2018

STAMP

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 792443		2. Exact name of the Corporation NATHANAEL GREENE MONUMENT FOUNDATION, INC.				
					ATION, INC.	
3. State of Incorporation		5. Brief description of the character of business conducted in Rhode Island TO ERRECT AND MAINTAIN A STATUARY MONUMENT IN HONOR OF MAJOR GENERAL				
RHODE ISLAND			A STATUARY MONUMENT IN HE VILLAGE OF ANTHONY, CO		GENERAL	
4. NAICS Code		L OILLIE III	E VILLAGE OF ARTITIONS, 2.	OVERVICE IN IN.		
813990 - Other Similar Orga	ar 🚰					
6. Principal Office Address	T		City	State	Zip	
1035 MAIN STREET			COVENTRY	RI	02816	
7. List ALL officers (names an	nd addresses)			Check the box to ind	icate an attachment	
President Name JOEL G. JOHNSON			Vice-President Name ROBE	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 F	R. BAILLARGEON		
Street Address 124 FAIRWAY				Street Address 46 LEIGHAS LANE		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816	
8. List ALL directors (names a	and addresses). RI (Corporations MUST	list at least THREE directors.	Check the box to indi	icate an attachment	
Director Name JOEL G. JOHNS	SON		Director Name ROBERT A			
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.			
Street Address 124 FAIRWAY DRIVE			Street Address 46 LEIGHAS			
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816	
9. Registered Agent in Rhode	Island. This informat	ion is currently of reco	ord in the Department of State. Char	nges require filing Form 6	41.	
Under penalty of perjury, I do statements, and that all state			ed this report, including any and correct.	accompanying sched	ules and	
This report must be signed by either the	e President, Vice-Preside	ent, Secretary, Assistant !	Secretary, Treasurer, duly Authorized Rej	presentative, Receiver or Tru	stee.	
Name of Officer/Authorized Re JOEL G. JOHNSON	epresentative	. 0	\bigcap	June 4, 2018 FILED 57		
Signature of Officer/Authorized	Representative	peletti por	UMENT JEBE	FILED 52		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 0 7 2018

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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