

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

JUN 11 2018

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.

BY 1438

1. Entity ID Number <b>69353</b>		2. Exact name of the Corporation <b>ALMEIDA-HINES CHAPTER #22</b>	
3. State of Incorporation <b>RHODE ISLAND</b>		5. Brief description of the character of business conducted in Rhode Island. <b>HELPING VETERANS &amp; VETERANS FUNCTIONS</b>	
4. NAICS Code <b>813410</b>			
6. Principal Office Address <b>695 BROAD ST.</b>		City <b>CUMBERLAND</b>	State <b>R.I.</b> Zip <b>02864</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>EDWARD S. MORRIS</b>		Vice-President Name <b>MICHAEL J. WOODS</b>	
Street Address <b>220 RHODE ISLAND AVE.</b>		Street Address <b>500 MENDON RD, UNIT 104</b>	
City <b>PAWTUCKET</b>	State <b>R.I.</b>	City <b>SO, ATTLEBORO</b>	State <b>MA.</b> Zip <b>02703</b>
Secretary Name <b>JAMES A. WRIGHT</b>		Treasurer Name <b>ROBERT H. RIVET</b>	
Street Address <b>249 ANN ST.</b>		Street Address <b>8 RIVET DR.</b>	
City <b>CUMBERLAND</b>	State <b>R.I.</b>	City <b>LINCOLN</b>	State <b>R.I.</b> Zip <b>02865</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>DONALD M. BRUNELLE</b>		Director Name <b>STEPHEN E. BUSS</b>	
Street Address <b>392 GREAT RD.</b>		Street Address <b>76 SCOTT RD.</b>	
City <b>LINCOLN</b>	State <b>R.I.</b>	City <b>CUMBERLAND</b>	State <b>R.I.</b> Zip <b>02864</b>
Director Name <b>JOSEPH F. BUSS</b>		Director Name <b>NONE</b>	
Street Address <b>76 GRANDVIEW AVE</b>		Street Address	
City <b>LINCOLN</b>	State <b>R.I.</b>	City	State 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 <b>JAMES A. WRIGHT</b>			Date <b>6-6-18</b>
Signature of Officer/Authorized Representative <i>James A Wright</i>			