

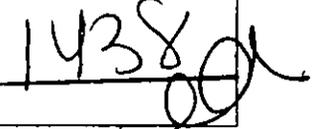
State of Rhode Island and Providence Plantations
 Department of State - Business Services Division

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