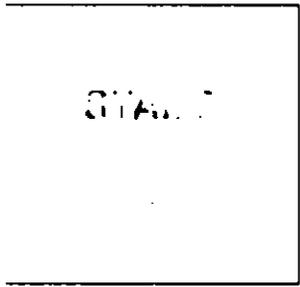




State of Rhode Island and Providence Plantations
Department of State - Business Services Division



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 59786		2. Exact name of the Corporation Wanskuck Post #56, American Legion Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island a non-profit patriotic, social, fraternal and/or recreational association			
4. NAICS Code 813319 - Other Social Advocac					
6. Principal Office Address 287 Veazie Street		City Providence	State RI	Zip 02904	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David A. Williams		Vice-President Name Craig A. Loomis			
Street Address 15 Manton Court		Street Address 57 Longwood Avenue			
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02908
Secretary Name Kenneth L. Richardson		Treasurer Name Kenneth L. Richardson			
Street Address 201 Woodlawn Avenue Apt. 211		Street Address 201 Woodlawn Avenue Apt. 211			
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
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 James F. Righie, Jr.		Director Name Timothy J. Dugan			
Street Address 21 Ashley Street		Street Address 26 Ferncliff Avenue			
City Cranston	State RI	Zip 02920	City North Providence	State RI	Zip 02911
Director Name Joseph P. Richardson		Director Name			
Street Address 1650 Douglas Avenue Apt. 3117		Street Address			
City North Providence	State RI	Zip 02904	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 Kenneth L. Richardson, Treasurer				Date 6-11-18	
Signature of Officer/Authorized Representative <i>Kenneth L Richardson</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED

JUN 12 2018

BY **A303 A.A**