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SECRETARY OF STATE
CORPORATIONS DIV.
2018 JUN 12 PM 12:02

State of Rhode Island and Providence Plantations
Department of State - Business Services Division
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

Non-Profit Corporation Annual Report for the year: 2017
Filing period: June 1 - June 30
Filing Fee: $20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.

1. Entity ID Number	2. Exact name of the Corporation		
30312	ROGER WILLIAMS POST 35 AMERICAN LEGION INC		
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island		
RHODE ISLAND	HELPING VETERANS AND FAMILYS 813410		
5. Principal Office Address	City	State	Zip
19 CLEVELAND ST	NO. PROVIDENCE	R.I	02904

6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐

President Name			Vice-President Name		
CARLTON LONERGAN			JAMES LEHLIN		
Street Address			Street Address		
19 CLEVERLAND ST			153 HANDRICH ST.		
City	State	Zip	City	State	Zip
NO. PROVIDENCE	R.I	02904	PROVIDENCE	R.I	02908
Secretary Name			Treasurer Name		
			JOSEPH W. CONLEY		
Street Address			Street Address		
			30 HAGAN ST.		
City	State	Zip	City	State	Zip
			PROVIDENCE	R.I	02904

7. List ALL directors (names and addresses) RI Corporations MUST list at least THREE directors Check the box to indicate an attachment ☒

Director Name			Director Name		
JAMES LEHLIN			ROBERT HART		
Street Address			Street Address		
153 HANDRICK ST			37 PELHAM PKWAY		
City	State	Zip	City	State	Zip
PROVIDENCE	R.I	02908	NO PROVIDENCE	R.I	02911
Director Name			Director Name		
JOSEPH W. CONLEY					
Street Address			Street Address		
30 HAGAN ST.					
City	State	Zip	City	State	Zip
PROVIDENCE	R.I	02904			

8. 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	Date
CARLTON LONERGAN	

Signature of Officer/Authorized Representative
Carlton Lonergan POST SIGN DOCUMENT HERE

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Form No. 631