



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.

STAMP

1. Entity ID Number 000041746		2. Exact name of the Corporation ROBERT L. HOOVER MEMORIAL POST BOYS VETERANS OF FOREIGN WARS OF THE UNITED STATES			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Veterans and Community Affairs			
4. NAICS Code 813319 - Other Social Advocacy					
6. Principal Office Address 2608 South County Trail			City East Greenwich	State RI	Zip 02818
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Post Commander Rodney M Leighton			Vice-President Name Sr Vice Commander Francis P Dolan		
Street Address 50 Waterwheel Lane			Street Address 7 Ohare Ct		
City North Kingstown	State RI	Zip 02818	City Coventry	State RI	Zip 02816
Secretary Name Post Service Officer Ross I Aker			Treasurer Name Post Quartermaster Alan R Beaumier		
Street Address 154 Austin Farm Rd			Street Address 20 Woodland Rd		
City Exeter	State RI	Zip 02822	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Post Trustee Russell G Allen			Director Name Post Trustee William R Swift		
Street Address 154 Essex Rd			Street Address 945 Main St Apt 33C		
City North Kingstown	State RI	Zip 02852	City East Greenwich	State RI	Zip 02818
Director Name Post Trustee Herbert Dyer			Director Name NONE		
Street Address 152 Hallville Rd			Street Address		
City Exeter	State RI	Zip 02822	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 Treasure / Post Quartermaster Alan R Beaumier				Date 6/12/2018	
Signature of Officer/Authorized Representative <i>Alan R Beaumier</i> SIGN DOCUMENT HERE					

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 13 2018
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