



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

FILED

Annual Report for the year:

Non-Profit Corporation

2018

JUL 02 2018

BY 344 [Signature]

- 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 0000 27005		2. Exact name of the Corporation FAIRLAWN VETERANS ASSOCIATION INC	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island FURTHERING THE OBJECTS-AIMS-OF-VETERANS-AND-FOR-THE ASSISTANCE-OF-ITS-MEMBERS-AND THEIR FAMILIES AND FOR-CHARITABLE-OR-PATRIOTIC ACTS	
4. NAICS Code 813319			
6. Principal Office Address 4 VISTA DRIVE		City LINCOLN	State RI
		Zip 02865	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name JOHN LUCAS		Vice-President Name RYAN LUCAS	
Street Address 4 VISTA DRIVE		Street Address 184 CANTON ST,	
City LINCOLN	State RI	City PROVIDENCE	State RI
Zip 02865		Zip 02908	
Secretary Name JAMES DE GUILIO		Treasurer Name JOHN LUCAS	
Street Address 185 MANVILLE HILL ROAD UNIT-105		Street Address 4 VISTA DRIVE	
City CUMBERLAND	State RI	City LINCOLN	State RI
Zip 02864		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 JOHN LUCAS		Director Name JAMES DE GUILIO	
Street Address 4 VISTA DRIVE		Street Address 185 MANVILLE HILL ROAD UNIT 105	
City LINCOLN	State RI	City CUMBERLAND	State RI
Zip 02865		Zip 02864	
Director Name RYAN LUCAS		Director Name MAURKE TROTTIER	
Street Address 184 CANTON ST		Street Address 20 OAKDALE AVE	
City PROVIDENCE	State RI	City PAWTUCKET	State RI
Zip 02908		Zip 02860	
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 JOHN LUCAS			Date 6-20-2018
Signature of Officer/Authorized Representative <i>John Lucas</i> PRES			

MAIL TO:
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