

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

Annual Report for the year:

Non-Profit Corporation

JUL 02 2018

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

BY

1099

1. Entity ID Number 89221		2. Exact name of the Corporation EAST GREENWICH UNIT 15 AMERICAN LEGION AUXILIARY, DEPT. OF R.I.	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island	
4. NAICS Code 813410		NON-PROFIT VETERANS' ASSISTANCE	
6. Principal Office Address 1016 MAIN ST.		City EAST GREENWICH	State R.I.
		Zip 02818	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name MARGARET WALSH		Vice-President Name ELAINE PARKER	
Street Address 311 HARDIG RD. APT. B205		Street Address 311 HARDIG RD. APT. C101	
City WARWICK	State R.I.	City WARWICK	State R.I.
Zip 02886		Zip 02886	
Secretary Name KATINA RAPONE		Treasurer Name MARIE GILLIAM	
Street Address 311 Hardig Rd. APT. D 109		Street Address 37 ROYER ST.	
City WARWICK	State R.I.	City CRANSTON	State R.I.
Zip 02886		Zip 02920	
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 DONNA LANCASTER		Director Name DIANE GARDNER	
Street Address 892 PLAINS RD.		Street Address 181 EASTWOOD AVE.	
City W. KINGSTON	State R.I.	City PROVIDENCE	State R.I.
Zip 02882		Zip 02909	
Director Name RHODA LINEHAM		Director Name	
Street Address 319 PROVIDENCE ST.		Street Address	
City WEST WARWICK	State R.I.	City	State
Zip 02893		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.			
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 MARIE A. GILLIAM			Date 6/28/18
Signature of Officer/Authorized Representative Marie A. Gilliam			

MAIL TO:

Division of Business Services

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