

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Non-Profit Corporation

2018

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

2019 FEB 13 AM 9: 27

→ 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	2. Exact name of the Corporation					
1038487	veterans memorial museum					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
RI	non profit veterans museum displaying artifacts from all eras of war includes a viewing area for					
4. NAICS Code	videos and a library area we also do traveling displays for schools vfw's senior centers etc.					
813410		_				
6. Principal Office Address			City	State	Zip	
78 earle st			woonsocket	ri	02895	
7. List ALL officers (names and add	iresses)		C	heck the box to indicat	e an attachment	
President Name glenn dusablon			Vice-President Name			
Street Address 23 elizabeth ave			Street Address			
City north smithfield	State ri	^{Zip} 02896	City	State	Zip	
Secretary Name michael downey			Treasurer Name robert robaitaille			
Street Address 11 Liise drive			Street Address 15 heather lane			
City charlestown	State ri	^{Zip} 02813	City wrentham	State mass	Zip 02093	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment						
Director Name ralph belleville			Director Name michael downey			
Street Address 3 king phillip rd			Street Address 11 Liise drive			
City lincoln	State ri	^{Zip} 02865	City charlestown	State ri	Zip 02813	
Director Name carol folan dusablon			Director Name ROBALT ROBALTAILLE			
Street Address 23 elizabeth ave			Street Address SAWL			
City north smithfield	State ri	Zip 02896	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.						
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	Date	
glenn dusablon				12/13/1	2/13/19	
Signature of Officer/Authorized Representative FILED						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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