RI SOS Filing Number: 201986531560 Date: 2/13/2019 4:00:00 PM



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.

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

2019 FEB 13 AM 9: 27

1. Entity ID Number	2. Exact name of the Corporation				
1038478	veterans memorial museum				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode (sland				
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 ri	02895
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name glenn dusablon			Vice-President Name		
Street Address 23 elizabeth ave			Street Address		
City north smithfield	State rl	^{Zip} 02896	City	State	Zφ
Secretary Name michael downey			Treasurer Name robert robaitaille		
Street Address 11 Liise drive			Street Address 15 heather lane		
City charlestown	State ri	^{즈p} 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 Lilise drive		
City lincoln	State ri	^{Zrp} 02865	Crity charlestown	State ri	^{Zp} 02813
Director Name carol folan dusablon			ROBELT ROBALTAILLE		
Street Address 23 elizabeth ave			Street Address SAWL		
City north smithfield	State ri	^{Zip} 02896	Crty	State	Zφ
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					
glenn dusablon 2//3//9					
Signature of Officer/Authorized Representative FILED					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.n.gov FEB 13 2019 LNOCRW