



State of Rhode Island and Providence Plantations
 Department of State - Business Services Division
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

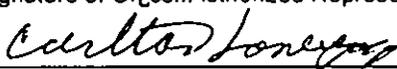
RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

2019 MAY 15 AM 9:36

Non-Profit Corporation Annual Report for the year: 2019

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
30312		ROGER WILLIAMS POST 35 AMERICAN LEGION INC			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RHODE ISLAND		HELPING VETERAN AND FAMILIES		813319	
5. Principal Office Address			City	State	Zip
19 CLEVELAND ST.			NO PROVIDENCE	R.I	02904
6. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name			Vice-President Name		
CARLTON LONERGAN			JAMES LEMLIN		
Street Address			Street Address		
19 CLEVELAND ST			153 HANDRICK ST		
City	State	Zip	City	State	Zip
NO PROVIDENCE	R.I	02904	PROVIDENCE	R.I	02908
Secretary Name			Treasurer Name		
			JOSEPH W CONLEY		
Street Address			Street Address		
			30 HAGAN ST.		
City	State	Zip	City	State	Zip
			PROVIDENCE	R.I	02904
7. 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			Director Name		
JAMES LEMLIN			ROBERT HART.		
Street Address			Street Address		
153 HANDRICK ST.			37 PELHAM PKWAY		
City	State	Zip	City	State	Zip
PROVIDENCE	R.I	02908	NO. PROVIDENCE	R.I.	02911
Director Name			Director Name		
JOSEPH W. CONLEY					
Street Address			Street Address		
30 HAGAN ST.					
City	State	Zip	City	State	Zip
PROVIDENCE	R.I	02904			
8. 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
CARLTON LONERGAN					5/15/19
Signature of Officer/Authorized Representative					
 SIGN DOCUMENT HERE POST OFFICE					

FILED

MAY 15 2019

BY CA ZFRW4

9:34