



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

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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. | | 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 |
| 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 | 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 | | | | | |
| Carlton Lonergan | | | | | |

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