



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: -

Non-Profit Corporation 2019

- 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 512631		2. Exact name of the Corporation Disabled American Veterans Poisson, Cournoyer, Carpentier Bacon Chapter #12	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Build better lives for America's Disabled veterans, their spouses and children through veteran programs and advocacy.	
4. NAICS Code 813311			
6. Principal Office Address 20 East St		City Cumberland	State RI Zip 02864
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Marvin Ludwig		Vice-President Name Lodger Ledoux	
Street Address 118 Glendale Ave		Street Address 21 Theodore St	
City Woonsocket	State RI	City Woonsocket	State RI Zip 02895
Secretary Name Ernest Boisvert		Treasurer Name Ernest Boisvert	
Street Address 61 Morin St.		Street Address 61 Morin St	
City Woonsocket	State RI	City Woonsocket	State RI Zip 02895
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 Marvin Ludwig		Director Name Lodger Ledoux	
Street Address 118 Glendale Ave		Street Address 21 Theodore St	
City Woonsocket	State RI	City Woonsocket	State RI Zip 02895
Director Name Fr. Philip Salois		Director Name Ernest Boisvert	
Street Address 16 Sharon Parkway		Street Address 61 Morin St	
City N. Smithfield	State RI	City Woonsocket	State RI Zip 02895
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 Richard W. Schatz Legislative Officer		Date 5/21/2019	
Signature of Officer/Authorized Representative Richard W. Schatz <small>SEE DOCUMENT HERE</small>			

MAIL TO
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.n.gov

FILED

dm MAY 28 2019

FORM 631 - Revised 03/2019

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