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

Annual	Report for	r the year:
Non-Pro	ofit Corno	ration

2019 JUN -3 AM 9: 58

→ 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							
10/287	RING RETIRES ASSOCIATION							
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island							
RHODE ISLAND	TO UPDATE AND INFORM NATIONAL GUARDS OTHER MILLIARY							
4. NAICS Code	RETIREES AND ASSOCIATES OF CURRENT CHANGES,							
813416 (VETERANS ORG.)								
6. Principal Office Address Comv	IAND REPOIL	VESS CENTER	City	State	Zip			
645 NEW LONDON AVE		CRANTON	RI	02920				
7. List ALL officers (names and addresses) Check the box to indicate an attachment								
President Name ROBERT URQUHART		Vice-President Name LUIGI D. STANZIALE						
Street Address 101 CARRIAGE HILL ROAD			Street Address 31 FORSYTH STREET					
NORTH KINGSTOWN	State RI	02852	City PROVIDENCE	State RI	Zip 02908			
Secretary Name ROMEO J, BLOUIN			Treasurer Name PATRICK C. CURRAN					
Street Address PALMER	RIVER RO	SAD	Street Address 1571 MAIN ST, APT 14C					
City SWANSEA	State MA	^{z_{ip}}	CHY WEST WARWICK	State RI	zip 02893			
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment								
Director Name PAUL DI VONA			Director Name WILLIAM B. O'MARA					
Street Address 216 NEGANSETT AVE			Street Address 123 TRAY ST					
CITY WARWICK	Stale RI	^{Zip} 02.888	City RUMFERD	State RI	zip 02916			
Director Name WIS A / Sol					 			
Street Address 32 POMHAM ST Street			Street Address 453 GROTTO AUE					
City CRRNSTON	State RI	Zip 62910	CITY PRINTUCKET	State RI	zip 02860			
9. Registered Agent in Rhode Islan	d. This information		in the Department of State. Changes rec	uire 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 Authonzed Representative, Receiver or Trustee								
Name of Officer/Authorized Representative								
WILLIAM B, O'MARA, DIRECTORY REGISTED DEENT JUNE 3, 2019					, 2014			
Signature of Officer/Authorized Representative FILED								
M-B-0,2m								

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

