



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

Annual Report for the year: 2019

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.

FILED

JUN 14 2019

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1. Entity ID Number 000704644		2. Exact name of the Corporation Rhode Island Regional Squadron, Air Force Base Veterans Association,			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Veterans fraternal organization. To advance educational opportunities regarding the Air Force and fraternity among members.			
4. NAICS Code 813990 - Other Similar Organi					
6. Principal Office Address 72 East Park Lane			City Kingston	State RI	Zip 02881
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Leo H. Fox			Vice-President Name Robert K. Dalton		
Street Address 72 East Park Lane			Street Address 14 Bangor Street		
City Kingston	State RI	Zip 02881	City Warwick	State RI	Zip 02888
Secretary Name Raymond Vernon			Treasurer Name Daniel J. Hogberg		
Street Address 37 Ideal Street			Street Address 34 Tomahawk Trail		
City East Greenwich	State RI	Zip 02818	City Cranston	State RI	Zip 02821
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 Leo H. Fox			Director Name Robert K. Dalton		
Street Address 72 East Park Lane			Street Address 14 Bangor Street		
City Kingston	State RI	Zip 02881	City Warwick	State RI	Zip 02888
Director Name Raymond Vernon			Director Name Daniel J. Hogberg		
Street Address 37 Ideal Street			Street Address 34 Tomahawk Trail		
City East Greenwich	State RI	Zip 02818	City Cranston	State RI	Zip 02821
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Leo H. Fox				Date June 12, 2019	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov