



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

Annual Report for the year:
 Non-Profit Corporation

2019

FILED

JUN 20 2019

2034

- 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 000027768		2. Exact name of the Corporation LEGION HOME, INC			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island VETERANS ADVOCACY AND COMMUNITY AFFAIRS			
4. NAICS Code 813990 - Other Similar Organi					
6. Principal Office Address PO BOX 307		City PORTSMOUTH		State RI	Zip 02871
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name FRANCIS GUTIERREZ			Vice-President Name STEPHEN DOHERTY		
Street Address 303 FOREST AVE			Street Address 10 OSAGE DR		
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842
Secretary Name GINAMARIE DOHERTY			Treasurer Name STEPHEN DOHERTY		
Street Address 10 OSAGE DR			Street Address 10 OSAGE DR		
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842
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 DAVID DUGGAN			Director Name DAN DOUGHERTY		
Street Address 84 LINDA AVE			Street Address 113 CONSTITUTION ST		
City PORTSMOUTH	State RI	Zip 02871	City BRISTOL	State RI	Zip 02809
Director Name ANTONIO CERCENA			Director Name		
Street Address 66 GIRARD AVE UNIT 418			Street Address		
City NEWPORT	State RI	Zip 02840	City	State	Zip
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 GINAMARIE DOHERTY SECRETARY				Date JUNE 14, 2019	
Signature of Officer/Authorized Representative 					

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