



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

FILED

JUN 26 2019

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.

BY DS Y7QVQX

1. Entity ID Number 70228		2. Exact name of the Corporation AMERICAN Legion Barrington Post 8 Inc.			
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island <i>Represent, support and honor veterans for their service in the military of the United States of America</i>			
4. NAICS Code 813319					
6. Principal Office Address 2 Legion Way			City Barrington	State RI	Zip 02806
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Luigi Carusi, Jr.			Vice-President Name Joseph Ma Crae		
Street Address 110 Church Street			Street Address 10 Josal Drive		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Secretary Name Fred Thompson			Treasurer Name Fred Thompson		
Street Address 21 Frederick Drive			Street Address 21 Frederick Drive		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
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 Luigi Carusi, Jr.			Director Name Joseph Ma Crae		
Street Address 110 Church Street			Street Address 10 Josal Drive		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Director Name Fred Thompson			Director Name		
Street Address 21 Frederick Drive			Street Address		
City Barrington	State RI	Zip 02806	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 Luigi Carusi					Date 6-26-2019
Signature of Officer/Authorized Representative <i>Luigi Carusi</i>					

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RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV.
 STATE OF RHODE ISLAND

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov