



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

**Fee: \$20.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: June 1 - June 30*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2019

**1. Corporate ID No.** 000070521

**2. Name of Corporation** The Rhode Island Enlisted Association of the National Guard of the United States, Inc. (EANGUS)

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

813920

**4. Corporate Address in Rhode Island**

No. and Street: 645 NEW LONDON AVENUE

City or Town: CRANSTON

State: RI Zip: 02920 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO FOSTER AND IMPROVE THE RI ARMY AND AIR NATIONAL GUARD AND THE LIVING AND WORKING CONDITION OF IT'S MEMBERS

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title**

**Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

| <b>Title</b>   | <b>Individual Name</b><br>First, Middle, Last, Suffix | <b>Address</b><br>Address, City or Town, State, Zip Code, Country |
|----------------|-------------------------------------------------------|-------------------------------------------------------------------|
| PRESIDENT      | DENNIS COLACONE                                       | 72 SHORE DRIVE<br>NORTH KINGSTOWN, RI 02852 USA                   |
| TREASURER      | NANCY A SHERMAN                                       | 197 LITTLE REST RD.<br>KINGSTON, RI 02881 USA                     |
| SECRETARY      | JODI BROWN                                            | 645 NEW LONDON AVE.<br>CRANSTON, RI 02920 USA                     |
| VICE PRESIDENT | JOHN R GREENE                                         | 102 CYNTHIA DR.<br>NORTH KINGSTOWN, RI 02852 USA                  |
| DIRECTOR       | JOHN R. GREENE                                        | 102 CYNTHIA DR.<br>NORTH KINGSTOWN, RI 02852 USA                  |
| DIRECTOR       | DENNIS COLACONE                                       | 72 JSHORE DRIVE<br>NORTH KINGSTOWN, RI 02852 USA                  |
| DIRECTOR       | JODI BROWN                                            | 645 NEW LONDON AVE.<br>CRANSTON, RI 02920 USA                     |

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

NANCY SHERMAN 645 NEW LONDON AVENUE CRANSTON , RI 02920

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 2 Day of August, 2019 at 10:39:15 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By NANCY A. SHERMAN  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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