



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2019**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 35278		2. Exact name of the Corporation RIVERSIDE POST HOLDING CO			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island AMERICAN LEGION (813110)			
5. Principal office address 830 WILLETT AVE			City RIVERSIDE	State RI	Zip 02915
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name RALPH EZOVSKI			Vice-President Name		
Street Address 180 WASHINGTON RD			Street Address		
City BARRINGTON	State RI	Zip 02806	City	State	Zip
Secretary Name			Treasurer Name STEPHEN BLAYDES		
Street Address			Street Address 156 GLENROSE DR		
City	State	Zip	City RIVERSIDE	State RI	Zip 02915
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name AARON MCALLIAN			Director Name RON BAUER		
Street Address 14 CHAPMAN LANE			Street Address 34 NORTH ST		
City BARRINGTON	State RI	Zip 02806	City RIVERSIDE	State RI	Zip 02915
Director Name BOB WINSTON			Director Name		
Street Address 173 HATTON ST			Street Address		
City EAST PROVIDENCE	State RI	Zip 02915	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

FILED

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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.

Ralph Ezovski
Signature of Officer or Authorized Representative

12/6/2019

Date

RALPH EZOVSKI

Print or Type Name of Officer or Authorized Representative

File Date _____

Check No _____

By: _____

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