RI SOS Filing Number: 202040976040 Date: 5/27/2020 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

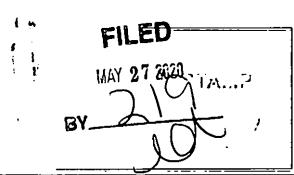
Annual Report for the year: Non-Profit Corporation

2020

-> 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	2. Exact name	2. Exact name of the Corporation				
000074378	R.I. Dep	R.I. Dept. Sons Of Union Veterans Of The Civil War				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
Rhode Island	Historic Preservation, Fraternal, Patriotic Organization					
4. NAICS Code	7	•				
622310 - Specialty (except F	,					
6. Principal Office Address			City	State	Zip	
c/o Stephen E. Hackett 212 Sawmill Road			Chepachet	RI	02814	
7. List ALL officers (names and a	ddrėėėėė)			Check the box to indic	ate an attachment	
President Name Benjamin J. Frail			Vice-President Name Joseph S. Hall, Jr.			
Street Address 75 Rotary Drive			Street Address 98 Mendon Road			
City West Warwick	State RI	^{Zip} 02893	City Blackstone	State MA	Zip 01504	
Secretary Name Leo F. Kennedy			Treasurer Name Stephen E. Hackett			
Street Address 43 Beverly Circle			Street Address 212 Sawmill Road			
City Greenville	State RI	^{Zip} 02828	City Chepachet	State RI	Zp 02814	
8. List ALL directors (names and	addresses). RI Co	rporations MUST	list at least THREE directors.	Charle the house indic	ento ao attachenast	
Director Name Alan W. Head			Check the box to indicate an attachment L Director Name Scott A. Reese			
Street Address 29 W. Vine			Street Address 129 Rounds Avenue			
City Pawcatuck	State CT	^{Zip} 06379	City Riverside	State RI	^{Zip} 02915	
Director Name Bruce D. Frail			Director Name John B. Connor			
Street Address 19 Briar Point Avenue			Street Address 91 Richardson Road			
City Coventry	State RI	^{Zip} 02816	City Coventry	State RI	^{Zip} 02816	
9. Registered Agent in Rhode Isla	and. This information	n is currently of reço	rd in the Department of State. Ch	anges require filing Form 6	11.	
Under penalty of perjury, I deci statements, and that all statem				accompanying sched	ules and	
This report must be signed by either the P		l, Secretary, Assistant L	Secretary, Treasurer, duly Authorized R	Representative, Receiver or Tru	stee.	
Name of Officer/Authorized Repr		Date				
Stephen E. Hackett, Treasu	rer			May 20, 2020		
Signature of Officer/Authorized Ro		SIGN DOC	CUMENT HERE		" a " • • • • • • • • •	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.n.gov