



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

Annual Report for the year: **2020**
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.

FILED

MAY 27 2020

BY

1. Entity ID Number 000074378		2. Exact name of the Corporation R.I. Dept. Sons Of Union Veterans Of The Civil War			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Historic Preservation, Fraternal, Patriotic Organization			
4. NAICS Code 622310 - Specialty (except P					
6. Principal Office Address c/o Stephen E. Hackett 212 Sawmill Road		City Chepachet		State RI	Zip 02814
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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	Zip 02814
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 Alan W. Head			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 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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative Stephen E. Hackett, Treasurer				Date May 20, 2020	
Signature of Officer/Authorized Representative <i>Stephen E. Hackett</i>				SIGN DOCUMENT HERE	

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