RI SOS Filing Number: 202041743830 Date: 6/8/2020 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED
JUN 08 2020
1064

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.

1. Entity ID Number	2. Exact name of the Corporation
000041746	ROBERT L. HOOVER MEMORIAL POST 8018 VETERANS OF FOREIGN WARS OF THE UNITED STATES
3. State of Incorporation: **RI**	5. Brief description of the character of business conducted in Rhode Island: **Veterans and Community Affairs**
4. NAICS Code: **813319 - Other Social Advoc**	

6. Principal Office Address	City	State	Zip
2608 South County Trail	**East Greenwich**	**RI**	**02818**

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: **Post Commander Rodney M. Leighton**			Vice-President Name: **Sr Vice Commander Francis P. Dolan**		
Street Address: **50 Waterwheel Lane**			Street Address: **7 Ohare CT**		
City: **North Kingstown**	State: **RI**	Zip: **02852**	City: **Coventry**	State: **RI**	Zip: **02816**
Secretary Name: **Post Service Officer Ross L. Aker**			Treasurer Name: **Post Quartermaster Alan R. Beaumier**		
Street Address: **154 Austin Farm Rd**			Street Address: **20 Woodland Rd**		
City: **Exeter**	State: **RI**	Zip: **02822**	City: **East Greenwich**	State: **RI**	Zip: **02818**

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name: **Post Trustee Russell G. Allen**			Director Name: **Post Trustee William R. Swift**		
Street Address: **154 Essex Rd**			Street Address: **954 Main St Apt 33C**		
City: **North Kingstown**	State: **RI**	Zip: **02852**	City: **East Greenwich**	State: **RI**	Zip: **02818**
Director Name: **Post Trustee Herbert Dyer**			Director Name: **None**		
Street Address: **152 Hallville Rd**			Street Address: **None**		
City: **Exeter**	State: **RI**	Zip: **02822**	City: **none**	State: **None**	Zip: **None**

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	Date
Treasure/Post Quartermaster Alan R. Beaumier	**6/6/2020**

Signature of Officer/Authorized Representative: Alan R Beaumier SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 06/2019