



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

JUL 08 2020

5895

1. Entity ID Number 26911		2. Exact name of the Corporation American Legion Auburn Post 20 Home Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Fraternal Veterans Group Promoting Veterans and Remembrance of Fallen Veterans			
4. NAICS Code 813311					
6. Principal Office Address 84 Mason Drive		City Cranston		State RI	Zip 02910
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name R. Dennis Ratcliffe			Vice-President Name John Marshall JR		
Street Address 13 Paul Sprague Drive			Street Address 33 Bonnie Brook Dr.		
City Coventry	State RI	Zip 02816	City Cumberland	State RI	Zip 02864
Secretary Name Bob Harootunian			Treasurer Name Marcel D'Auteuil		
Street Address 6 Harvard St.			Street Address 84 Mason Ave.		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02910
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Frank Migliorelli			Director Name Bob Nadolny		
Street Address 23 Marigold Ct.			Street Address 27 Highwood Ter.		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Director Name Garry Smith			Director Name John Palla		
Street Address 20 Grant St.			Street Address 650 E Greenwich Ave Apt 2404		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative R. Dennis Ratcliffe				Date 6/30/2020	
Signature of Officer/Authorized Representative DOCUMENT HERE					

MAIL TO:

Division of Business Services

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