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	2. Exact name of the Corporation
26911	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	City	State	Zip
84 Mason Drive	Cranston	RI	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.

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
R. Dennis Ratcliffe	6/30/2020

Signature of Officer/Authorized Representative: [signature] 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