



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

Annual Report for the year:
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.

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ST/...P

2020 JUL 14 PM 12:25

1. Entity ID Number 27742		2. Exact name of the Corporation EUGENE T. LEFEBVRE VETERANS OF FOREIGN WARS POST 1271	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island HELPING VETERANS ETC.	
4. NAICS Code 813319			
6. Principal Office Address 36 YORK AVE		City PAWTUCKET	State R.I. Zip 02860
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name MICHAEL WOODS		Vice-President Name FERNAND JOHNSON	
Street Address 500 MENDON ROAD TRIR 104		Street Address 466 HUNT STREET - APT. 507	
City ATTLEBORO	State MA	Zip 02703	City CENTRAL FALLS State R.I. Zip 02863
Secretary Name WILLIAM P. DONNELLY		Treasurer Name SAME	
Street Address 36 YORK AVE.		Street Address SAME	
City PAWTUCKET	State R.I.	Zip 02860	City PAWTUCKET State R.I. Zip 02860
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 BOB WALL		Director Name LEO BELAND	
Street Address 1565 PHENIX AVE		Street Address 17 LANESBORO STREET	
City CRANSTON	State R.I.	Zip 02921	City PAWTUCKET State R.I. Zip 02861
Director Name DENNIS MCCARTHY		Director Name DONALD BRUNELLE	
Street Address 136 OLD WHIPPLE STREET		Street Address 392 GREAT ROAD	
City CUMBERLAND	State R.I.	Zip 02864	City LINCOLN State R.I. Zip 02865
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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>			
Name of Officer/Authorized Representative WILLIAM P. DONNELLY		Date JULY 2020	
Signature of Officer/Authorized Representative <i>William P. Donnelly</i>		FILED JUL 14 2020 ST/2018 A.A.	