



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

Annual Report for the year: 2021

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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BUS SVCS DIV

2021 JUN -8 P 12:06

1. Entity ID Number 27742		2. Exact name of the Corporation EUGENET. LEFEBVRE NO. VET. VETERANS OF Foreign Wars	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island of the United States, Incorporated	
4. NAICS Code 813319		HELPING VETERANS ETC.	
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			
President Name MICHAEL WOODS		Vice-President Name LEO BELAND	
Street Address 500 MENDON ROAD TRIR/04		Street Address 17 LANESBORO STREET	
City ATTLEBORO	State MA	City PAWTUCKET	State R.I.
Zip 02703		Zip 02861	
Secretary Name ROBERT FARRELL		Treasurer Name DON BRUNELLE	
Street Address 71 COLEMAN STREET		Street Address 392 GREAT ROAD	
City SEEKONK	State MA	City CUMBERLAND	State R.I.
Zip 02771		Zip 02865	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. ☐ Check the box to indicate an attachment			
Director Name BOB WALL		Director Name RONALD PEACOCK	
Street Address 1562 PHENIX AVE		Street Address 405 BARDON STREET	
City CRANSTON	State R.I.	City WOOSTER	State OH
Zip 02921		Zip 44691	
Director Name DENNIS MCCARTHY		Director Name WILLIAM P. DONNELLY	
Street Address 136 OLD WHIPPLE STREET		Street Address 36 YORK AVE.	
City CUMBERLAND	State R.I.	City PAWTUCKET	State R.I.
Zip 02864		Zip 02860	
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 WILLIAM P. DONNELLY			Date JUNE 7, 2021
Signature of Officer/Authorized Representative William P. Donnelly			

FILED

JUN 08 2021

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