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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1. Entity ID Number	2 Exact name of the Corporation
27742	EUGENE T. LEFEBVRE NO. 071 Veterans of Foreign Wars of the United States, Incorporated
3. State of Incorporation: RI.	5. Brief description of the character of business conducted in Rhode Island: HELPING VETERANS ETC.
4. NAICS Code: 813319	

6. Principal Office Address	City	State	Zip
36 YORK AVE	PAWTUCKET	R.I.	02860

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

President Name	Vice-President Name
MICHAEL WOODS	LEO BELAND
Street Address: 500 MENDON ROAD TRLR/04	Street Address: 17 LANESBORO STREET
City: ATTLEBORO State: MA Zip: 02703	City: PAWTUCKET State: R.I. Zip: 02861
Secretary Name	**Treasurer Name**
ROBERT FARRELL	DON BRUNELLE
Street Address: 71 COLEMAN STREET	Street Address: 392 GREAT ROAD
City: SEEKONK State: MA Zip: 02771	City: CUMBERLAND State: R.I. 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	Director Name
BOB WALL	RONALD PEACOCK
Street Address: 1562 PHENIX AVE	Street Address: 405 BARDON STREET
City: CRANSTON State: R.I. Zip: 02921	City: WOOSTER State: OH Zip: 44691
Director Name	**Director Name**
DENNIS MCCARTHY	WILLIAM P. DONNELLY
Street Address: 136 OLD WHIPPLE STREET	Street Address: 36 YORK AVE.
City: CUMBERLAND State: R.I. Zip: 02864	City: PAWTUCKET State: R.I. 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	Date
WILLIAM P. DONNELLY	JUNE 7, 2021

Signature of Officer/Authorized Representative
William P. Donnelly

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JUN 08 2021
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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: 11/2017