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State of Rhode Island
Department of State - Business Services Division

FILED
JUN 17 2021
BY

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.

1. Entity ID Number	2. Exact name of the Corporation
000041746	ROBERT L. HOOVER MEMORIAL POST 8018 VETERANS OF FOREIGN WARS OF THE UNITED STATES
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Veterans and Community Affairs
4. NAICS Code: 813319 - Other Social Advoca	

6. Principal Office Address	City	State	Zip
2608 South County Trail	East Greenwich	RI	02818

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

President Name: Post Commander Rodney M. Leighton			Vice-President Name: Sr Vice Commander Francis P. Dolan		
Street Address: 50 Waterwheel Lane			Street Address: & Ohare CT		
City: North Kingstown	State: RI	Zip: 02852	City: Coventry	State: RI	Zip: 02818
Secretary Name: Post Service Officer Ross L. Aker			Treasurer Name: Post Quartermaster Alan R. Beaumier		
Street Address: 154 Austin Farm Rd			Street Address: 20 Woodland Rd		
City: Exeter	State: RI	Zip: 02822	City: East Greenwich	State: RI	Zip: 02818

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name: Post Trustee Russell G. Allen			Director Name: Post Trustee William R. Swift		
Street Address: 154 Essex Rd			Street Address: 945 Main St Apt 33C		
City: North Kingstown	State: RI	Zip: 02852	City: East Greenwich	State: RI	Zip: 02818
Director Name: Post Trustee Herbert Dyer			Director Name:		
Street Address: 152 Hallville Rd			Street Address:		
City: Exeter	State: RI	Zip: 02822	City:	State:	Zip:

9. The Registered Agent information of record with the RI Department of State is accurate. 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
Treasure/Post Quartermaster Alan R. Beaumier	6/15/2021

Signature of Officer/Authorized Representative
Alan R. Beaumier

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: 08/2020