



State of Rhode Island  
**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.

FILED  
 JUN 22 2021  
 BY 6971

1. Entity ID Number <b>000028189</b>		2. Exact name of the Corporation <b>GILBERT-BURTON POST 4487 VFW</b>			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Fraternal, patriotic, historical, charitable and educational helping all our veterans.			
4. NAICS Code 813940 - Political Organization <input checked="" type="checkbox"/>					
6. Principal Office Address 52 UNDERWOOD LANE		City MIDDLETOWN	State RI	Zip 02842	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name ALLEN C. WAGONBLOTT JR			Vice-President Name FRANKLIN E. ROSEBROCK		
Street Address 108 AMESBURY CIRCLE			Street Address 1743 MAIN ROAD SOUTH		
City MIDDLETOWN	State RI	Zip 02842	City TIVERTON	State RI	Zip 02878
Secretary Name JAMES P. FOWLER			Treasurer Name ROGER J. LAVOIE		
Street Address 91 PEQUOT LANE			Street Address 30 DALE STREET		
City MIDDLETOWN	State RI	Zip 02842	City FALL RIVER	State MA	Zip 02721
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name VINCENT C. D. ANDREA			Director Name CHARLES W. DOLSON		
Street Address 2 ELLIOT PLACE			Street Address 69 CARROLL AVE		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Director Name LOCKWOOD J. LYONS			Director Name RONALD G. MOORE		
Street Address 30 EVARTS STREET APT 2			Street Address 7 GOSSETS TURN DRIVE		
City NEWPORT	State RI	Zip 02840	City MIDDLETOWN	State RI	Zip 02842
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 ALLEN C. WAGONBLOTT JR (COMMANDER)				Date JUNE 18, 2021	
Signature of Officer/Authorized Representative 					

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
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