



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.

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R.I. DEPT. OF STATE
BUS SVCS DIV

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1. Entity ID Number 000026681		2. Exact name of the Corporation GLADDING LT'S ARMSTRONG / GLADDING Post #69 AM. LEGION	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island SUPPORT OUR VETERANS AND THEIR FAMILIES	
4. NAICS Code 813219			
6. Principal Office Address 2 SALEM ST.		City PROV.	State RI
		Zip 02905	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>			
President Name KENNETH C. REIS JR		Vice President Name RICHARD GARRETT	
Street Address 204 CAMP ST.		Street Address 87 SIMMONS ST.	
City PROV.	State RI	City PROV.	State RI
Zip 02906		Zip 02909	
Secretary Name WAYNE L. HALL		Treasurer Name JOHANNNE P. WASHINGTON	
Street Address 5 PLAZA DR.		Street Address 79 STEPHAN HOPKINS CT	
City RIVERSIDE	State RI	City PROV.	State RI
Zip 02915		Zip 02906	
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 KENNETH C. REIS JR		Director Name MACON LAWRENCE	
Street Address 204 CAMP ST		Street Address 37 STANWOOD ST.	
City PROV.	State RI	City PROV.	State RI
Zip 02906		Zip 02907	
Director Name JOHANNNE P. WASHINGTON		Director Name	
Street Address 79 STEPHEN HOPKINS CT		Street Address	
City PROV.	State RI	City	State
Zip 02906		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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>			
Name of Officer/Authorized Representative KENNETH C. REIS JR			Date 7/13/2021
Signature of Officer/Authorized Representative <i>Kenneth C. Reis Jr</i>			FILED

JUL 13 2021

BY MISRB
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