



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

2021 OCT 12 AM 11:18

1. Entity ID Number 109085		2. Exact name of the Corporation Col. William Rich Higgins Marine Corps League Detachment, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island For the protection of the officers and members of the Marine Corps League.			
4. NAICS Code 813990 - Other Similar Organ <input type="checkbox"/>					
6. Principal Office Address PO Box 7908		City Warwick	State RI	Zip 02887	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Patrick Maguire		Vice-President Name Wayne Salisbury			
Street Address 11 Hickory Road		Street Address 10 Viking Road			
City Coventry	State RI	Zip 02816	City Cranston	State RI	Zip 02910
Secretary Name Michael Zaino		Treasurer Name Wayne Hamilton			
Street Address 5 Sylvan Drive		Street Address 166 Central Avenue			
City East Greenwich	State RI	Zip 02818	City Johnston	State RI	Zip 02919
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 Patrick Maguire		Director Name Wayne Salisbury			
Street Address 11 Hickory Road		Street Address 10 Viking Road			
City Coventry	State RI	Zip 02816	City Cranston	State RI	Zip 02910
Director Name Michael Zaino		Director Name Wayne Hamilton			
Street Address 5 Sylvan Drive		Street Address 166 Central Avenue			
City East Greenwich	State RI	Zip 02818	City Johnston	State RI	Zip 02919
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.					
<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 Wayne Hamilton				Date 10/12/2021	
Signature of Officer/Authorized Representative <i>Wayne Hamilton</i>		FILED OCT 12 2021 ILL MRYQH 11:23			