



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

2021

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

| | | | | | |
|--|-------------|--|--------------------------------------|--------------------|--------------|
| 1. Entity ID Number 000074724 | | 2. Exact name of the Corporation LECLAIR KOZLIK LOGAN BASSETT POST 6342 VFW of USA INC | | | |
| 3. State of Incorporation RI | | 5. Brief description of the character of business conducted in Rhode Island To foster veterans of overseas conflicts, serve veterans, the military & communities. Advocate on behalf of all veterans. Ensure veterans are respected, always receive their entitlements. | | | |
| 4. NAICS Code 813410 | | | | | |
| 6. Principal Office Address 333 Eddie Dowling Hwy | | City North Smithfield | | State RI | Zip 02896 |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Howard F. McMillan | | | Vice-President Name | | |
| Street Address PO Box 1008/ 11 Halliwell Blvd | | | Street Address | | |
| City Slaterville | State RI | Zip 02876 | City | State | Zip |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 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 Scott F. Gould | | | Director Name David Thibault | | |
| Street Address 333 Eddie Dowling Hwy | | | Street Address 83 St. Paul Street | | |
| City North Smithfield | State RI | Zip 02896 | City North Smithfield | State RI | Zip 02896 |
| Director Name Alan Cote | | | Director Name | | |
| Street Address 162 Centennial Street | | | Street Address | | |
| City Pascoag | State RI | Zip 02859 | 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. | | | | | |
| <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 Scott F. Gould | | | | Date 10/14/2022 | |
| Signature of Officer/Authorized Representative | | | | FILED 337 | |

MAIL TO:
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