



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

2019

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 OCT 11 2022 335 BY MD GRX7V	

MAIL TO:
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