



**Department of State - Business Services Division**

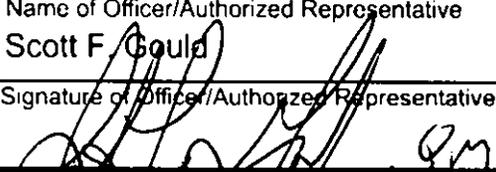
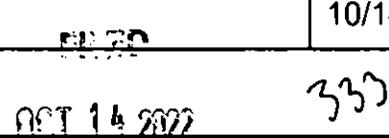
**Annual Report for the year:**  
**Non-Profit Corporation**

2017

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

2022 OCT 14 P 3: 32

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

BY MR QIR X7U