



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

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.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 JAN -4 A 11:53

1. Entity ID Number 000031275		2. Exact name of the Corporation Post 14 American Legion	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island American Legion Dept Rhode Island	
4. NAICS Code			
6. Principal Office Address 695 Broad St		City Cumberland	State RI
		Zip 01	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Ellery M Peckham III		Vice-President Name Brian Dupre	
Street Address 94 Prospect Street		Street Address 907 Mendon Rd	
City Warwick	State RI	City Cumberland	State RI
Zip 02886		Zip 02864	
Secretary Name Walter Pytko		Treasurer Name Russell Bourski	
Street Address 12 Woodlake dr		Street Address 165 Pound Rd	
City Johnston	State RI	City Cumberland	State RI
Zip 02919		Zip 02864	
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 Alan Bivelle		Director Name Paul Buss	
Street Address 1938 Old Louisquisset Rd		Street Address 2 Old Whipple Rd	
City Lincoln	State RI	City Cumberland	State RI
Zip 02863		Zip 02864	
Director Name Dennis McConthy		Director Name	
Street Address 136 Old Whipple Rd		Street Address	
City Cumberland	State RI	City	State
Zip 02865		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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative [Signature]		Date 1/4/2023	
Signature of Officer/Authorized Representative Russell Bourski		FILED 11:52	