



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
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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BUS SVCS DIV

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1. Entity ID Number <u>000031275</u>		2. Exact name of the Corporation <u>Post 14 American Legion</u>	
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>American Legion Dept Rhode Island</u>	
4. NAICS Code			
6. Principal Office Address <u>695 Broad St</u>		City <u>Cumberland</u>	State <u>RI</u>
		Zip <u>01</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Ellery M Peckham III</u>		Vice-President Name <u>Brian Dupre</u>	
Street Address <u>94 Prospect Street</u>		Street Address <u>907 Mendon Rd</u>	
City <u>Warwick</u>	State <u>RI</u>	Zip <u>02886</u>	City <u>Cumberland</u>
			State <u>RI</u>
			Zip <u>02864</u>
Secretary Name <u>Walter Pytko</u>		Treasurer Name <u>Russell Boursti</u>	
Street Address <u>12 Woodlake dr</u>		Street Address <u>165 Pound Rd</u>	
City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>	City <u>Cumberland</u>
			State <u>RI</u>
			Zip <u>02864</u>
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 <u>Alan Binnelle</u>		Director Name <u>Paul Buss</u>	
Street Address <u>1938 Old Louisquisset Rf</u>		Street Address <u>7 Old Whipple Rd</u>	
City <u>Lincoln</u>	State <u>RI</u>	Zip <u>02863</u>	City <u>Cumberland</u>
			State <u>RI</u>
			Zip <u>02864</u>
Director Name <u>Dennis Mc Carthy</u>		Director Name	
Street Address <u>736 Old Whipple Rd</u>		Street Address	
City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02865</u>	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 <u>[Signature]</u>			Date <u>1/4/2023</u>
Signature of Officer/Authorized Representative <u>Russell Boursti</u>			FILED 11:52

JAN 04 2023
BY AVQBZ
RS