



RI SOS Filing Number: 202327989280 Date: 2/6/2023 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:  
Non-Profit Corporation2023

FEB 06 2023

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→ 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 000 130 270		2. Exact name of the Corporation ASSOCIATION OF RETIRED COMBAT COMMUNICATORS	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO PROVIDE A MEDIUM FOR RETIRED MEMBERS OF THE RIANG TO REMAINE IN TOUCH THROUGH SOCIAL INTERACTION	
4. NAICS Code 813410			
6. Principal Office Address 168 RIDGE RD		City SMITHFIELD	State RI Zip 02917
7. List ALL officers (names and addresses)		Check the box to indicate an attachment <input type="checkbox"/>	
President Name KENNETH ETHIER		Vice-President Name RICHARD BOISCLAIR	
Street Address 166 PRINCETON AVE		Street Address 2845 HARKNEY HILL RD	
City COVENTRY	State RI	City COVENTRY	State RI Zip 02816
Secretary Name NANCY HANKINSON		Treasurer Name JAMES BELL	
Street Address 11 DAVID RD		Street Address 168 RIDGE RD	
City N SCITUATE	State RI	City SMITHFIELD	State RI Zip 02917
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 KENNETH ETHIER		Director Name RICHARD BOISCLAIR	
Street Address 166 PRINCETON AVE		Street Address 2845 HARKNEY HILL RD	
City COVENTRY	State RI	City COVENTRY	State RI Zip 02816
Director Name JAMES BELL		Director Name	
Street Address 168 RIDGE RD		Street Address	
City SMITHFIELD	State RI	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.			
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 JAMES BELL			Date 20 JAN 2023
Signature of Officer/Authorized Representative [Signature]			

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

FORM 631 - Revised: 11/2021