



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2023**

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

APR 07 2023
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1. Entity ID Number 29158		2. Exact name of the Corporation Wanskuck Post No. 56 American Legion Home Assoc	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island a non-profit patriotic, social, fraternal and/or recreational association	
4. NAICS Code 813319 - Other Social Advor			
6. Principal Office Address 287 Veazie Street		City Providence	State RI
		Zip 02904	
7. List ALL officers (names and addresses): Check the box to indicate an attachment <input type="checkbox"/>			
President Name David A. Wi. DAVID A WILLIAMS APT 801 400 NEW RIVER RD MANVILLE, RI 02838-1823		Vice-President Name Joseph P. Richardson	
Street Address 15 Manton Co		Street Address 1650 Douglas Avenue Apt. 3117	
City Providence		City North Providence	State RI
		Zip 02904	
Secretary Name Kenneth L. Richardson		Treasurer Name Kenneth L. Richardson	
Street Address 201 Woodlawn Avenue Apt. 211		Street Address 201 Woodlawn Avenue Apt. 211	
City North Providence	State RI	City North Providence	State RI
Zip 02904		Zip 02904	
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 James F. Righie, Jr.		Director Name Timothy J. Dugan	
Street Address 21 Ashley Street		Street Address 26 Ferncliff Avenue	
City Cranston	State RI	City North Providence	State RI
Zip 02920		Zip 02911	
Director Name Kenneth L. Richardson		Director Name	
Street Address 201 Woodlawn Avenue Apt. 211		Street Address	
City North Providence	State RI	City	State
Zip 02904		Zip	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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 Kenneth L. Richardson Treasurer			Date 4/4/23
Signature of Officer/Authorized Representative <i>Kenneth L. Richardson</i>			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov