



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023

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

FILED

MAY 15 2023

BY

[Handwritten signature]

1. Entity ID Number 32100		2. Exact name of the Corporation American Legion Post #29			
3. State of Incorporation RI-		5. Brief description of the character of business conducted in Rhode Island Fraternal Patriotic			
4. NAICS Code 422410					
6. Principal Office Address 1108 Charles Street		City North Providence		State RI	Zip 02904
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph R Jalbert			Vice-President Name John A Dore		
Street Address 27 Woodwaed Rd #17			Street Address 120 Woodward Rd		
City Lincoln	State RI	Zip 02865	City Providence	State RI	Zip 02904
Secretary Name Ralph Ruggiano			Treasurer Name Ralph Ruggiano		
Street Address 7 Moreland St.			Street Address 7 Moreland St		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
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 Joseph H Baker			Director Name Joseph R Jalbert		
Street Address 39 Lydia Av.			Street Address 27 Woodward Rd. #17		
City North Providence	State RI	Zip 02904	City Lincoln	State RI	Zip 02865
Director Name John A Dore			Director Name		
Street Address 120 Woodward Rd.			Street Address		
City Providence	State RI	Zip 02904	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.					
<small>This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Joseph R Jalbert				Date May 10 2023	
Signature of Officer/Authorized Representative <i>[Handwritten signature]</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