



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024

1. Corporate ID No. 000027441

2. Name of Corporation Kent County Detachment, Marine Corps League

3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813410

4. Principal Office Address

No. and Street: 194 PINECREST DRIVE

City or Town: PAWTUCKET

State: RI

Zip: 02861

Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

MILITARY AND FRATERNAL

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title

Individual Name

First, Middle, Last, Suffix

Address

Address, City or Town, State, Zip Code, Country

PRESIDENT	PAUL E. CAMPBELL	52 PLANET AVENUE RIVERSIDE, RI 02915 USA
TREASURER	WAYNE HAMILTON	166 CENTRAL AVENUE JOHNSTON, RI 02919 USA
DIRECTOR	JOSE ALFONSO	194 PINECREST DRIVE PAWTUCKET, RI 02861 USA
DIRECTOR	PATRICK MAGUIRE	11 HICKORY ROAD COVENTRY, RI 02816 USA
DIRECTOR	WAYNE SALISBURY	10 VIKING ROAD CRANSTON, RI 02910 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

WAYNE HAMILTON 166 CENTRAL AVENUE JOHNSTON , RI 02919

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 12 Day of March, 2024 at 11:43:09 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By WAYNE HAMILTON
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2024 State of Rhode Island
All Rights Reserved