



**State of Rhode Island
Department of State - Business Services Division**

FILED
MAR 18 2024
BY *2216*
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Annual Report for the year: 2024

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.

1. Entity ID Number 000066389		2. Exact name of the Corporation North Kingstown Memorial Post #152 Veterans Of Foreign Wars			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island FRATERNAL, PATRIOTIC, HISTORICAL & EDUCATIONAL; TO PRESERVE & STRENGTHEN COMRADESHIP AMONG ITS MEMBERS			
4. NAICS Code 000081					
6. Principal Office Address 37 Rhode Island Ave			City Newport	State RI	Zip 02840
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David Ainslie			Vice-President Name Alfred Motyl, Jr.		
Street Address 326 LAFAYETTE ROAD			Street Address 347 Hatchery Rd		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Cynthia Limoges			Treasurer Name Scott Brandon		
Street Address 179 Fairway Dr			Street Address 37 Rhode Island Ave		
City North Kingstown	State RI	Zip 02852	City Newport	State RI	Zip 02840
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 David Ainslie			Director Name Cynthia Limoges		
Street Address 326 LAFAYETTE ROAD			Street Address 179 Fairway Dr		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02840
Director Name Scott Brandon			Director Name		
Street Address 37 Rhode Island Ave			Street Address		
City Newport	State RI	Zip 02840	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 Scott Brandon				Date 3/4/2024	
Signature of Officer/Authorized Representative <i>Scott Brandon</i>					

MAIL TO:
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