



State of Rhode Island
Department of State - Business Services Division

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.

REC'D RIDOS BSD
24 MAY 21 PM 3:34:18

1. Entity ID Number <u>000026681</u>		2. Exact name of the Corporation <u>LT'S ARMSTRONG/CLADDING POST 69 AM. LEGION</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>SUPPORT OUR VETERANS AND THEIR FAMILIES</u>	
4. NAICS Code <u>813219</u>			
6. Principal Office Address <u>2 SALEM ST</u>		City <u>PROV.</u>	State <u>RI</u> Zip <u>02905</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>KENNETH C. REIS JR</u>		Vice-President Name <u>RICHARD GARRETT</u>	
Street Address <u>1650 DOUGLAS AVE APT 4303</u>		Street Address <u>87 SIMMONS ST</u>	
City <u>N. PROV</u>	State <u>RI</u>	City <u>PROV.</u>	State <u>RI</u> Zip <u>02909</u>
Secretary Name <u>JOHANNE WASHINGTON</u>		Treasurer Name <u>JAMES D. CLAYTON</u>	
Street Address <u>310 BENEFIT ST.</u>		Street Address <u>95 CORINTH ST</u>	
City <u>PAWT</u>	State <u>RI</u>	City <u>PROV</u>	State <u>RI</u> Zip <u>02907</u>
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 <u>KENNETH C. REIS JR</u>		Director Name <u>JAMES D. CLAYTON</u>	
Street Address <u>1650 DOUGLAS AVE</u>		Street Address <u>95 CORINTH ST</u>	
City <u>N. PROV</u>	State <u>RI</u>	City <u>PROV 1</u>	State <u>RI</u> Zip <u>02907</u>
Director Name <u>JOHANNE WASHINGTON</u>		Director Name	
Street Address <u>310 BENEFIT ST</u>		Street Address	
City <u>PAWT</u>	State <u>RI</u>	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 <u>KENNETH C. REIS JR</u>			Date <u>5/21/2024</u>
Signature of Officer/Authorized Representative <u>Kenneth C. Reis Jr.</u>			

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

FILED

MAY 21 2024
BY AGmZIK

FORM 631- Revised: 04/2023