



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 RIDDS BSD  
24 MAY 21 PM 3:34:18

1. Entity ID Number <b>060026681</b>		2. Exact name of the Corporation <b>LT'S ARMSTRONG GLADDING POST 69 AM. LEGION</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>SUPPORT OUR VETERANS AND THEIR FAMILIES</b>	
4. NAICS Code <b>813219</b>			
6. Principal Office Address <b>2 SALEM ST</b>		City <b>PROV.</b>	State <b>RI</b>
		Zip <b>02905</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>KENNETH C. REIS JR</b>		Vice-President Name <b>RICHARD GARRETT</b>	
Street Address <b>1650 DOUGLAS AVE APT 4303</b>		Street Address <b>87 SIMMONS ST</b>	
City <b>N. PROV</b>	State <b>RI</b>	City <b>PROV.</b>	State <b>RI</b>
Zip <b>02904</b>		Zip <b>02909</b>	
Secretary Name <b>JOHANNE WASHINGTON</b>		Treasurer Name <b>JAMES D. CLAYTON</b>	
Street Address <b>310 BENEFIT ST.</b>		Street Address <b>95 CORINTH ST</b>	
City <b>PAWT</b>	State <b>RI</b>	City <b>PROV</b>	State <b>RI</b>
Zip <b>02861</b>		Zip <b>02907</b>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>KENNETH C. REIS JR</b>		Director Name <b>JAMES D. CLAYTON</b>	
Street Address <b>1650 DOUGLAS AVE</b>		Street Address <b>95 CORINTH ST.</b>	
City <b>N. PROV</b>	State <b>RI</b>	City <b>PROV 1</b>	State <b>RI</b>
Zip <b>02904</b>		Zip <b>02907</b>	
Director Name <b>JOHANNE WASHINGTON</b>		Director Name	
Street Address <b>310 BENEFIT ST</b>		Street Address	
City <b>PAWT</b>	State <b>RI</b>	City	State
Zip <b>02861</b>		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
<b>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</b>			
Name of Officer/Authorized Representative <b>KENNETH C. REIS JR</b>			Date <b>5/21/2024</b>
Signature of Officer/Authorized Representative <i>Kenneth C. Reis Jr</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

FILED

MAY 21 2024  
BY AGMZK

FORM 631- Revised: 04/2023