FILED

JAN 17 2025

BY 013

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
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: 000031275	2. Exact name of the Corporation: Cumberland Post 14 American Legion
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Helping Veterans. Community Service on State and National Programs
4. NAICS Code: 813219	

6. Principal Office Address: 695 Broad ST | City: Cumberland | State: RI | Zip: 02864

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Ellery M Peckham III	Vice-President Name: Brian Dupre
Street Address: 94 Prospect Street	Street Address: 902 Mendon Rd
City: Warwick | State: RI | Zip: 02886	City: Cumberland | State: RI | Zip: 02864
Secretary Name: Walter Pitka	Treasurer Name: Russell Bourski
Street Address: 12 Wood Lake Dr	Street Address: 165 Pound Rd
City: Johnston | State: RI | Zip: 02919	City: Cumberland | State: RI | Zip: 02864

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. — Check the box to indicate an attachment ☐

Director Name: Alan Brunelle	Director Name: Paul Bosc
Street Address: 1932 Louisquisset	Street Address: 7 Old Wagole St
City: Cumberland | State: RI | Zip: 02864	City: Cumberland | State: RI | Zip: 02864
Director Name: Robert Jaworski	Director Name:
Street Address: 12 Boulevard Ave	Street Address:
City: Lincoln | State: RI | Zip: 02865	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: Ellery M Peckham III — 1/07/25

Signature of Officer/Authorized Representative: Ellery M Peckham III

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

FORM 631- Revised: 01/2023