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JAN 29 2025

BY 152

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.

RI DOS MADE EDITS PER FILER

1. Entity ID Number 000704644		2. Exact name of the Corporation Rhode Island Squadron, Air Force Base Veterans Association INC	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To advance educational opportunities regarding the Air Force	
4. NAICS Code 813990			
6. Principal Office Address 72 East Park Lane,		City Kingston	State RI
		Zip 02881	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Leo H Fox		Vice-President Name Robert K. Dalton	
Street Address 72 East Park Lane		Street Address 14 Bangor Street	
City Kingston	State RI	City Warwick	State RI
Zip 02881		Zip 02886	
Secretary Name Raymond Vernon		Treasurer Name John Doubleday	
Street Address 37 Ideal Court		Street Address 5 North Street, Apt. 2B	
City East Greenwich	State RI	City Grafton	State MA
Zip 02818		Zip 01519	
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 Leo H. Fox		Director Name Robert K. Dalton	
Street Address 72 East Park Lane		Street Address 14 Bangor Street	
City Kingston	State RI	City Warwick	State RI
Zip 02881		Zip 02886	
Director Name Raymond Vernon		Director Name John Doubleday	
Street Address 37 Ideal Court		Street Address 5 North Street, Apt. 2B	
City East Greenwich	State RI	City Grafton	State MA
Zip 02818		Zip 01519	
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 Leo H. Fox			Date 1-15-2025
Signature of Officer/Authorized Representative 			

MAIL TO:
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 Website: www.sos.ri.gov