



State of Rhode Island

Department of State - Business Services Division

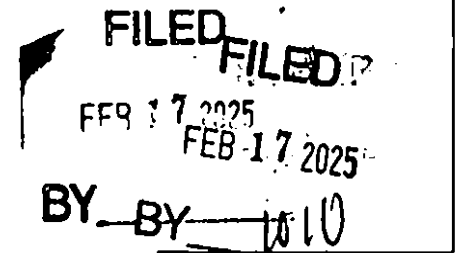
Annual Report for the year: **2025**

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.



1. Entity ID Number 26911		2. Exact name of the Corporation Auburn Post American Legion Home Association	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Fraternal Veterans Group Promoting Veterans and Remembrance of Fallen Veterans	
4. NAICS Code 813311			
6. Principal Office Address 84 Mason Ave.		City Cranston	State RI
		Zip 02910	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name R. Dennis Ratcliffe		Vice-President Name John Marshall Jr.	
Street Address 13 Paul Sprague Drive		Street Address 33 Bonnie Brook Drive	
City Coventry	State RI	City Cumberland	State RI
Zip 02816		Zip 02864	
Secretary Name Robert Harootunian		Treasurer Name Marcel D' Auteuil	
Street Address 6 Harvard St.		Street Address 84 Mason Ave.	
City Cranston	State RI	City Cranston	State RI
Zip 02920		Zip 02910	
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 Frank Migliorelli		Director Name Bob Nadlony	
Street Address 23 Marigold Dr.		Street Address 27 Highwood Ter.	
City Cranston	State RI	City Cranston	State RI
Zip 02920		Zip 02920	
Director Name Garry Smith		Director Name John Palla	
Street Address 20 Grant St.		Street Address 650 East Greenwich Ave Apt 2404	
City West Warwick	State RI	City West Warwick	State RI
Zip 02893-210		Zip 02893	
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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative Marcel D' Auteuil			Date 02/01/2025
Signature of Officer/Authorized Representative <i>Marcel D' Auteuil, Finance Officer</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