RI SOS Filing Number: 202566659450 Date: 3/4/2025 4:00:00 PM

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

FILED

Annual Report for the year: 2025
Non-Profit Corporation

→ Filing period: June 1 - June 30

2025

MAR 04 2025

(PB)

BY\_340

→ Filing Fee: \$20.00 → Penalty: Additional \$25.00 fe	ee if form is not filed	by July 30.	069	BY		
1. Entity ID Number <b>29158</b>		2. Exact name of the Corporation  Wanskuck Post No. 56 American Legion Home Assoc				
3. State of Incorporation	5. Brief descr	Brief description of the character of business conducted in Rhode Island				
RI	a non-prof	a non-profit patriotic, social, fraternal and/or recreational association				
4. NAICS Code	<b>-</b>					
813319 - Other Social Adv	/oc					
6. Principal Office Address			City	State	Zip	
287 Veazie Street			Providence	RI	02904	
7. List ALL officers (names and	d addresses)		<u>.</u>	Check the box to indi	cate an allachment	
President Name David A. Williams			Vice-President Name Joseph P. Richardson			
Street Address 200 Old River Road, #52			Street Address 1650 Douglas Avenue Apt. 3117			
City Pawtucket	State RI	Zip 02865	City North Providence	State RI	Zip 02904	
Secretary Name Kenneth L. Richardson			Treasurer Name Kenneth L. Richardson			
Street Address 201 Woodlawn Avenue Apt. 211			Street Address 201 Woodlawn Avenue Apt. 211			
City North Providence	State RI	Z <sub>IP</sub> 02904	City North Providence	State RI	Zip 02904	
8. List ALL directors (names ar	nd addresses). RI C	Corporations MUST		Check the box to indi	cate an attachment	
Director Name James F. Righie, Jr.			Director Name Timothy J. Dugan			
Street Address 1 Carson Street			Street Address 26 Ferncliff Avenue			
City Pawtucket	State RI	Z <sub>IP</sub> 02860	City North Providence	State RI	<sup>Zıp</sup> <b>02911</b>	
Director Name Kenneth L. Richardson			Director Name			
Street Address 201 Woodlawn Avenue Apt. 211			Street Address			
City North Providence	State RI	Z <sub>IP</sub> 02904	City	State	Zıp	
9. Registered Agent in Rhode	island. This informati	ion is currently of reco	rd in the Department of State. Change	s require filing Form 6	41.	
Under penalty of perjury, I destatements, and that all state			ed this report, including any acc d correct.	ompanying sched	lules and	
This report must be signed by either the	a President, Vice-Preside	ent, Secretary, Assistant	Secretary, Treasurer, duly Authorized Repres	sentative. Receiver or Tru	ısl <del>oo</del>	
Name of Officer/Authorized Representative  Kenneth L. Richardson Treasurer				Date 2/24/25		
Signature of Officer/Authorized	Representative & L Ru	lasting 00	CUMENT HERE	•		

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov