



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

Annual Report for the year: 2025
Non-Profit Corporation

MAR 04 2025

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.



BY 340

1. Entity ID Number 29158		2. Exact name of the Corporation Wanskuck Post No. 56 American Legion Home Assoc			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island a non-profit patriotic, social, fraternal and/or recreational association			
4. NAICS Code 813319 - Other Social Advoc					
6. Principal Office Address 287 Veazie Street		City Providence	State RI	Zip 02904	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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	Zip 02904	City North Providence	State RI	Zip 02904
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 James F. Righie, Jr.		Director Name Timothy J. Dugan			
Street Address 1 Carson Street		Street Address 26 Ferncliff Avenue			
City Pawtucket	State RI	Zip 02860	City North Providence	State RI	Zip 02911
Director Name Kenneth L. Richardson		Director Name			
Street Address 201 Woodlawn Avenue Apt. 211		Street Address			
City North Providence	State RI	Zip 02904	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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 Kenneth L. Richardson Treasurer				Date 2/24/25	
Signature of Officer/Authorized Representative <i>Kenneth L Richardson</i> DOCUMENT 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