



State of Rhode Island and Providence Plantations
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.

FILED

MAR 04 2025



BY 193

1. Entity ID Number 59786		2. Exact name of the Corporation Wanskuck Post #56, American Legion Association			
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 Advocac					
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 Craig A. Loomis		
Street Address 200 Old River Road, #52			Street Address 57 Longwood Avenue		
City Lincoln	State RI	Zip 02865	City Providence	State RI	Zip 02908
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 Joseph P. Richardson			Director Name		
Street Address 1650 Douglas Avenue Apt. 3117			Street Address		
City 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>				SIGN DO NOT WRITE HERE	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov