



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

2012

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 747872		2. Exact name of the Corporation AMERICAN BRAINTOWN PRIDE FUNDS			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island VETERANS ORGANIZATION			
5. Principal office address 1010 MAIN ST BOX 181			City EAST GREENWICH	State RI	Zip 02818
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name KENNETH R. PORTER			Vice-President Name JOHN D. HOLMES		
Street Address 27 BRAYTON ST			Street Address 251 BRACKWOOD DR		
City EAST GREENWICH	State RI	Zip 02818	City EAST GREENWICH	State RI	Zip 02818
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name JOSEPH A. RYAN ^{ASST}			Director Name ROBERT ALDRED		
Street Address 119 OVERFIELD RD			Street Address 14 LINCOLN ST		
City EAST GREENWICH	State RI	Zip 02818	City N. KINGSTOWN	State RI	Zip 02882
Director Name JOHN D. HOLMES			Director Name NONE		
Street Address 251 BRACKWOOD DR			Street Address		
City EAST GREENWICH	State RI	Zip 02818	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

OCT 25 2012

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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.

Signature of Officer

Date

Joseph A. Ryan
 Print or Type Name of Officer

SEC. ASST.
 Title of Officer