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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **Non-Profit Corporation**

2018

-> Filing period: June 1 - June 30

→ Filing Fee: \$20,00

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

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1, Entity ID Number	2. Exact name of the Corporation					
31485	BLOCK ISLAND POST #36 OF THE AMERICAN LEGION					
3. State of incorporation	5. Brief description of the character of business conducted in Rhode Island					
RHODE ISLAND						
4. NAICS Code	1					
813410						
6. Principal Office Address	-		City	State	Zip	
LEGION SQUARE - BOX 777			BLOCK ISLAND	RI	02807	
7. List ALL officers (names and addresses) Check the box to indicate an attachment						
President Name CHARLES WEBER			Vice-President Name BRUCE JOHNSON			
Street Address PO BOX 959 - PAYNE ROAD			Street Address PO BOX 136 - CORN NECK ROAD			
City BLOCK ISLAND	State RI	^{Zip} 02807	City BLOCK ISLAND	State RI	Zip 02807	
Secretary Name WILLIAM McKERNAN			Treasurer Name SAM SPAK			
Street Address PO BOX 1618 - AMY DODGE LANE			Street Address PO BOX 1143 - MITCHELL LANE			
City BLOCK ISLAND	State RI	^{Zip} 02807	City BLO CK ISLAND	State RI	^{Zip} 02807	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to Indicate an attachment						
Director Name CHARLES WEBER			Director Name BRUCE JOHNSON			
Street Address PO BOX 959 - PAYNE ROAD			Street Address PO BOX 136 - CORN NECK ROAD			
City BL;OCK ISLAND	State RI	^{Zip} 02807	City BLOCK ISLAND	State RI	^{Zip} 02807	
Director Name WILLIAM McKERNAN			Director Name SAM SPAK			
Street Address PO BOX 1618 - AMY DODGE LANE			Street Address PO BOX 1143 - MITCHELL LANE			
City BLOCK ISLAND	State RI	^{Zip} 02807	City BLOCK ISLAND	State RI	Zip 02807	
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.						
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.						
Name of Officer/Authorized Representative				Date		
SAM SPAK - TREASURER				05-25-2018		
Signature of Officer/Authorized Representative						
SIGN DOCUMENT 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

