



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2022**

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.

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1. Entity ID Number 26911		2. Exact name of the Corporation Auburn Post American Legion Home			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island assoc. Fraternal Veterans Group Promoting Veterans and Remembrance of Fallen Veterans			
4. NAICS Code 813311 - Human Rights Orgar <input type="checkbox"/>					
6. Principal Office Address 84 Mason Ave.		City Cranston	State RI	Zip 02910	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name R. Dennis Ratcliffe		Vice-President Name John Marshall Jr.			
Street Address 13 Paul Sprague Drive		Street Address 33 Bonnie Brook Drive			
City Coventry	State RI	Zip 02816	City Cumberland	State RI	Zip 02864
Secretary Name Robert Harootunian		Treasurer Name Marcel D ' Auteuil			
Street Address 6 Harvard St.		Street Address 84 Mason Ave.			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02910
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 Frank Migliorelli		Director Name Bob Nadlony			
Street Address 23 Marigold Dr.		Street Address 27 Highwood Ter.			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Director Name Garry Smith		Director Name John Palla			
Street Address 20 Grant St.		Street Address 650 East Greenwich Ave Apt 2404			
City West Warwick	State RI	Zip 02893-210	City West Warwick	State RI	Zip 02893
9. The Registered Agent information of record with the RI Department of State is accurate. 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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Marcel D ' Auteuil				Date 2/8/2022	
Signature of Officer/Authorized Representative <i>Marcel D. Auteuil</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
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 Website: www.sos.ri.gov