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State of Rhode Island
Department of State - Business Services Division

2022 MAY 13 P 2:23

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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.

1. Entity ID Number 27742		2. Exact name of the Corporation EUGENE T. LEFEBVRE VETERANS OF FOREIGN WARS <i>POST 1271</i>			
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island			
4. NAICS Code 813319		HELPING VETERANS, ETC.			
6. Principal Office Address 36 YORK AVE		City PAWTUCKET	State R.I.	Zip 02860	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ROBERT D. FARRELL			Vice-President Name JAMES WRIGHT		
Street Address 71 COLEMAN STREET			Street Address		
City SEEKONK	State MA	Zip 02771	City	State R.I.	Zip
Secretary Name WILLIAM P. DONNELLY			Treasurer Name WILLIAM P. DONNELLY		
Street Address 36 YORK AVE			Street Address 36 YORK AVE		
City PAWTUCKET	State R.I.	Zip 02860	City PAWT.	State R.I.	Zip 02860
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 PAUL BUSS			Director Name DON BRUNELLE		
Street Address 7 OLD WHIPPLE STREET			Street Address 392 GREAT ROAD		
City CUMBERLAND	State R.I.	Zip 02864	City CUMBERLAND	State R.I.	Zip 02865
Director Name KEVIN BRUNELLE			Director Name DENNIS MCCARTHY		
Street Address 18 TOWER HILL ROAD			Street Address 136 OLD WHIPPLE STREET		
City CUMBERLAND	State R.I.	Zip 02864	City CUMBERLAND	State R.I.	Zip 02864
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 WILLIAM P. DONNELLY					Date 5/13/2022
Signature of Officer/Authorized Representative <i>William P. Donnelly</i>					FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

MAY 13 2022
BY *[Signature]* 4PD80
2023