



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2023
 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.

RECEIVED STAMP
 R.I. DEPT. OF STATE
 BUS SVCS DIV

2023 APR 28 A 10:39

1. Entity ID Number 27742		2. Exact name of the Corporation EUGENE T. LEFEBVRE VETERANS OF FOREIGN WARS POST 1271	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island HELPING VETERANS, ETC.	
4. NAICS Code 813319			
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 ROLAND MOUSSALLY	
Street Address 71 COLEMAN STREET		Street Address 15 YALE AVE.	
City SEEKONK	State MA	City PAWTUCKET	State R.I.
Zip 02771		Zip 02860	
Secretary Name WILLIAM P. DONNELLY		Treasurer Name SAME	
Street Address 36 YORK AVE.		Street Address SAME	
City PAWTUCKET	State R.I.	City	State
Zip 02860		Zip	
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 JIM SOUSA		Director Name DINO BACHINI	
Street Address 381 ANAWAN STREET		Street Address 10 TANGLEWOOD LANE	
City REHOBOTH	State MA	City NORTH PROVIDENCE	State R.I.
Zip 02769		Zip 02904	
Director Name RONALD PEACOCK, JR.		Director Name ARTHUR DAUGHERTY	
Street Address 405 BARDON STREET		Street Address 149 HATFIELD STREET	
City WOOSTER	State OH	City PAWTUCKET	State R.I.
Zip 44691		Zip 02861	
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.			
<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 APRIL 28, 2023
Signature of Officer/Authorized Representative <i>William P. Donnelly</i>			WBILL 1039

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

APR 28 2023
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