



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024

1. Corporate ID No. 000028675

2. Name of Corporation Providence Post No. 1, The American Legion

3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code
813410

4. Principal Office Address

No. and Street: P.O. BOX 19764
City or Town: JOHNSTON State: RI Zip: 02919 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

VETERANS AFFAIRS

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
-------	--	--

PRESIDENT	MARCEL BADEAU	20 GREENWAY LN PASCOAG, RI 02859 US
TREASURER	THOMAS CURRY	17 HOPKINS AVENUE JOHNSTON, RI 02919 USA
DIRECTOR	JOHN LEJA	20 BELLA VISTA CIR CHEPACHET, RI 02814 USA
DIRECTOR	KENNETH DILEONE	141 DUNEDIN ST CRANSTON, RI 02920 USA
DIRECTOR	CHARLES BRULE	20 STANLEY AVE BARRINGTON, RI 02806 USA
DIRECTOR	GUYDE LOMBARI JR	828 RIVER AVE PROVIDENCE, RI 02908 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

THOMAS G. CURRY 17 HOPKINS AVENUE JOHNSTON , RI 02919

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 13 Day of February, 2024 at 1:08:39 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By THOMAS G CURRY
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2024 State of Rhode Island
All Rights Reserved