



State of Rhode Island
Department of State - Business Services Division

FILED

MAR 13 2024

BY *[Signature]*

Annual Report for the year: 2024

Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 26911		2. Exact name of the Corporation <i>Aburn Post American Legion Home Association</i>			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Fraternal Veterans Group Promoting Veterans and Remembrance of Fallen Veterans			
4. NAICS Code 813311					
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 Paul Sprague Drive ,			Street Address 33 Bonnie Brook Dr		
City Coventry	State RI	Zip 02816	City Cumberland	State RI	Zip 02903
Secretary Name Robert Harootunian			Treasurer Name Marcel D'Auteuil		
Street Address Sachem Dr			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 3 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	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.					
<i>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.</i>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Marcel D 'Auteuil				Date 2/12/2024	
Signature of Officer/Authorized Representative <i>marcel D'Auteuil</i>					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov