



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2013

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.  
 Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 30222		2. Exact name of the Corporation St. Joseph Veterans Association			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Veterans Affairs - Local Community Assistance			
5. Principal office address 99 Louise St. PO Box 2138		City Woonsocket	State RI	Zip 02895	
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name Russell Chevalier			Vice-President Name Edouard Bergeron Jr.		
Street Address 254 Chapel St.			Street Address 1888 Mendon Rd 2nd FL		
City Lincoln	State RI	Zip 02865	City Woonsocket	State RI	Zip 02895
Secretary Name None			Treasurer Name Erin LaMountain		
Street Address			Street Address 90 Duchess Rd		
City	State	Zip	City Cumberland	State RI	Zip 02864
<b>7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
Director Name Roger Petit			Director Name Pete Driscoll		
Street Address 50 Alysworth Ave			Street Address 39 Vivian Ave		
City Woonsocket	State RI	Zip 02895	City Cumberland	State RI	Zip 02864
Director Name Melvin DeFoe			Director Name Lucien Chevalier		
Street Address 218 Pond St.			Street Address 18 Louise St.		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

**FILED**

MAY 21 2013

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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.

Erin LaMountain 5/19/13  
 Signature of Officer Date

Erin LaMountain  
 Print or Type Name of Officer

Finance Officer  
 Title of Officer