



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. 28953		2. Exact name of the Corporation Vietnam Era Veterans Association of RI			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To provide improved opportunities for all Rhode Island veterans, who served honorable and their families.			
5. Principal office address 685 Cranston Street		City Providence,	State RI	Zip 02907	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Charles Stallings		Vice-President Name Robert Evangelista			
Street Address 21 A Paris Onley Rd		Street Address 167 Webster Avenue			
City Foster	State RI	Zip 02825	City Providence,	State RI	Zip 02909
Secretary Name Daniel J. Evangelista		Treasurer Name Oscar Covington			
Street Address 140 Ferris Avenue		Street Address 610 Namquid Drive			
City Rumford	State RI	Zip 02916	City Warwick,	State RI	Zip 02886
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"/>					
Director Name Cleveland Kurtz		Director Name John Dyer			
Street Address 12 Kipland Street		Street Address PO Box 529			
City PROVIDENCE	State RI	Zip 02907	City East Greenwich	State RI	Zip 02818
Director Name Gary Powers		Director Name William Kelly			
Street Address 232 Stony Lane		Street Address 22 Oaktree Drive			
City N.Kingston,	State RI	Zip 02852	City N. Kingston	State RI	Zip 02852
8. REGISTERED AGENT IN RHODE ISLAND					
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 MAY 22 2013

FILED

Form No. 631
Revised: 05/2012

By MRE
CR # 1201

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.

Charles J. Stallings 5/15/13
Signature of Officer Date
Charles J. Stallings
Print or Type Name of Officer
Chairman of the Board
Title of Officer