



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. 697750		2. Exact name of the Corporation Valiant Efforts Through Service, Inc. ("VETS")			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Supply female veterans with needed care items and hospital attire			
5. Principal office address 18 Marion Lane		City Canterbury		State CT	Zip 06331
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
President Name Mary-Margaret DelliCarpini			Vice-President Name Annette Phillips		
Street Address 18 Marion Lane			Street Address 511 Squaw Rock Road		
City Canterbury	State CT	Zip 06331	City Mocsup	State CT	Zip 06354
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT)					
Director Name Mary-Margaret DelliCarpini			Director Name Annette Phillips		
Street Address 18 Marion Lane			Street Address 511 Squaw Road		
City Canterbury	State CT	Zip 06331	City Moosup	State CT	Zip 06354
Director Name Wendy Molodich			Director Name Elaine Jinks		
Street Address 581 Ekonk Hill			Street Address 16 Ann Street		
City Moosup	State CT	Zip 06354	City Plainfield	State CT	Zip 06374
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

BY _____

FILED

JUN 10 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.

Annette Phillips 6/3/2013
Signature of Officer Date

Annette M. Phillips VP
Print or Type Name of Officer

Vice-President
Title of Officer