

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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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,
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	JULY 30 WILL RESULT IN A \$25.00 PENALTY:FEE,	
1. Entity ID No. 2. Exact name of the Corporation		
28953 Vietnaméra Vetera	ns Association of Rhode Island	
State of Incorporation 4. Brief description of the character of but		
Rhode Island To provide improv	red opportunties for all Rhode Island	
5. Principal office address	City / / State 7 Zip	
140 FEVVIS AVENUE	East Providence KL 02916	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR AT		
President Name Charles Stallings	Vice-Prespont Name JULL J. EV AUGOLISTA	
Street Address 21 A Bris Onley Rd	Street Address Ayl	
City Foster State RI / Zip 02825	City East Prov State I Zip 02916	
Secretary Name Robert F Evange 15ta	Treasurer Name OSCAY COVINATION	
Street Address 167 Wehster Ave	Street Address 610 Namavid Drive	
City Providence State RI Zip 02909	City War wick state I Zip 02886	
7. LIST <u>ALL</u> DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND ("X" BOX FOR ATTACHMENT)	CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS	
Director Name Ou N DULV	Director Name COWLVS	
Street Address D B d x 529	Street Address 332 Stoney Laul	
City 235+ Graduwidu State 2I Zip 028/8	City No. Kinastown State I Zip 2852	
Director Name William Kelly	Director Name	
Street Address Dak tree Drive	Street Address	
No. KINGTOWN State RI D2852	City State Zip	
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, duly Authorized Representative, Receiver or Trustee		

Check No FILED By: U 0 6 2016	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. Signature of Officer or Authorized Representative Date
Form No. 631 By & 278 354	Print or Type Name of Officer or Authorized Representative