



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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Annual Report for the year: 2016
 Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 000788442		2. Exact name of the Corporation RHODE ISLAND MILITARY ORGANIZATION	
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Provide Veterans Services AND Maintain the Military Lounge AT TFGREEN AIRPORT. Suite 13	
5. Principal Office Address 108 West Shore Road		City WARWICK	State RI
		Zip 02889	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Timothy Howe		Vice-President Name DANIEL J. EVANGELISTA	
Street Address 33 ELITE Drive		Street Address 140 Ferris Ave	
City WARWICK	State RI	City RUMFORD	State RI
Zip 02889		Zip 02916	
Secretary Name Kimberly Wineman		Treasurer Name DANIEL O'TOOLE	
Street Address 208 Betsey Williams Dr		Street Address 121 Chapmans Ave	
City WARWICK	State RI	City WARWICK	State RI
Zip 02889		Zip 02886	
7. 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 Timothy Howe		Director Name DANIEL J. EVANGELISTA	
Street Address 33 ELITE Drive		Street Address 140 Ferris Ave	
City Warwick	State RI	City Rumford	State RI
Zip 02889		Zip 02916	
Director Name Kimberly Wineman		Director Name Daniel O'Toole	
Street Address 208 Betsey Williams Dr		Street Address 121 Chapmans Ave	
City Warwick	State RI	City Warwick	State RI
Zip 02889		Zip 02886	
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
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>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 Kimberly Wineman			Date 4-7-17
Signature of Officer/Authorized Representative <i>Kimberly Wineman</i>			

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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FORM 631 - Revised: 02/2017

BY *CK* 300966