



State of Rhode Island and Providence Plantations
 Department of State - Business Services Division
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

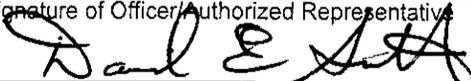
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 R.I. DEPT. OF STATE
 BUS SVCS DIV

Non-Profit Corporation Annual Report for the year: 2017

2017 JUN 16 AM 11:00

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation	
129731		Disabled American Veteran / Lawrence E Remond Chp 3 RI	
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island	
Rhode Island		DAV To help fellow veterans received proper disability from VA Adm - VA Hospital care	
5. Principal Office Address		City	State
321 Albion Rd		Lincoln	RI
		Zip	02865
6. List ALL officers (names and addresses)		Check the box to indicate an attachment <input type="checkbox"/>	
President Name		Vice-President Name	
Irving J. Owens		Donald P. Kinniburgh	
Street Address		Street Address	
1 Netop Court.		114 West Ave	
City	State	City	State
East Greenwich	RI	Seekonk	MA
Zip	02818	Zip	02771
Secretary Name		Treasurer Name	
David E Smith		Joseph F. Shethok Jr.	
Street Address		Street Address	
321 Albion Rd		58 Flint St.	
City	State	City	State
Lincoln	RI	Pawtucket	RI
Zip	02865	Zip	02861
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		Director Name	
Leo G. Beland		Kenneth McDonald	
Street Address		Street Address	
17 Lanesboro St.		125 Governor St. Apt 211	
City	State	City	State
Pawtucket	RI	Providence	RI
Zip	02861	Zip	02906
Director Name		Director Name	
Frank Sylvester			
Street Address		Street Address	
94 Gates Street			
City	State	City	State
Pawtucket	RI		
Zip	02861	Zip	
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative			Date
David E. Smith Adj / Sec.			9 June 2017
Signature of Officer/Authorized Representative			
 SIGN DOCUMENT HERE			

FILED

JUN 16 2017

BY  306150