RI SOS Filing Number: 201745827640 Date: 6/19/2017 4:00:00 PM

State of Rhode Island and Providence Plantations

**Department of State - Business Services Division**

**Annual Report for the year:** 2017

**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 | 2. Exact name of the Corporation |
|---|---|
| 26494 | EAST GREENWICH VETERAN FIREMEN'S HOME CORPORATION |
| **3. State of Incorporation** | **5. Brief description of the character of business conducted in Rhode Island** |
| RI | PRIVATE SOCIAL CLUB WHOSE MEMBERS SUPPORT FUNCTIONS THAT CONTRIBUTE TO VARIOUS CHARITIES. |
| **4. NAICS Code** | |
| 813990 | |

| 6. Principal Office Address | City | State | Zip |
|---|---|---|---|
| 80 QUEEN ST. | EAST GREENWICH | RI | 02818 |

**7. List ALL officers (names and addresses)** — Check the box to indicate an attachment ☒

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| President Name | DAVID PURVIS | | | Vice-President Name | EDWARD VIENS | | |
| Street Address | 165 RIVER FARM DR. | | | Street Address | 107 ENFIELD AVE. | | |
| City | EA. GREENWICH | State | Zip 02818 | City | PROVIDENCE | State | Zip 02908 |
| Secretary Name | GENE CARPENTIERI | | | Treasurer Name | JAMES R. GOGGIN | | |
| Street Address | 184 CEDAR AVE. | | | Street Address | 1 FOREST LANE | | |
| City | EA. GREENWICH | State | Zip 02818 | City | EA. GREENWICH | State | Zip 02818 |

**8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.** — Check the box to indicate an attachment ☑

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Director Name | ROBERT VESPIA | | | Director Name | JAMES TROIANO | | |
| Street Address | 155 SHIPPEETOWN RD. | | | Street Address | 88 LAKE GARDEN DR. | | |
| City | EA. GREENWICH | State | Zip 02818 | City | CRANSTON | State | Zip 02920 |
| Director Name | DANIEL O'TOOLE | | | Director Name | WAYNE JOHNSON | | |
| Street Address | 121 CHAPMAN AVE. | | | Street Address | 74 DIVISION ST. | | |
| City | WARWICK | State | Zip 02886 | City | EA. GREENWICH | State | Zip 02818 |

**9. 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 |
|---|---|
| JAMES R. GOGGIN | 6/15/17 |

Signature of Officer/Authorized Representative: James R Goggin

FILED
JUN 19 2017
BY 2762

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

State of Rhode Island and Providence Plantations

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| 6. Principal Office Address | City | State | Zip |
|---|---|---|---|
| | | | |

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| President Name | | | Vice-President Name | | |
|---|---|---|---|---|---|
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

| Director Name | FELIX COUTU | Director Name | LARRY CAMPION |
|---|---|---|---|
| Street Address | 25 LAKE SHORE DR. | Street Address | 37 KEELEY AVE. |
| City / State / Zip | EA. GREENWICH / RI / 02818 | City / State / Zip | WARWICK / RI / 02886 |
| Director Name | JOSEPH ALLEN | Director Name | RICHARD TELLIER |
| Street Address | 219 LIBERTY RD. | Street Address | 423 MAPLE VALLEY RD. |
| City / State / Zip | EXETER / RI / 02822 | City / State / Zip | COVENTRY / RI / 02816 |

9. 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 |
|---|---|
| | |

Signature of Officer/Authorized Representative

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