RI SOS Filing Number: 201746047010 Date: 6/22/2017 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
89104	**Korean War Veterans Association, Ocean State Chapter 1**
3. State of Incorporation: **Rhode Island**	5. Brief description of the character of business conducted in Rhode Island: **Fraternal, Patriotic, Civic, Charitabel, Benevolent, Social, Recreational, And Activities, for its Members**
4. NAICS Code: **813319 - Other Social Advocac**	

6. Principal Office Address	City	State	Zip
54 Ferncrest Drive	**Pawtucket**	**RI**	**02861**

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

President Name **Antero L Martins, Commandr**			Vice-President Name **Dave Chmielewski**		
Street Address **54 Ferncrest Drive**			Street Address **557 Point Judith**		
City **Pawtucket**	State **RI**	Zip **02861**	City **Narragansset**	State **RI**	Zip **02882**
Secretary Name **Joseph Q Nozolino, Jr.**			Treasurer Name **Joseph Q. Nozolino Jr.**		
Street Address **394 Pleasant Street**			Street Address **394 Pleasant Street**		
City **Pawtucket**	State **RI**	Zip **02860**	City **Pawtucket**	State **RI**	Zip **02860**

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

Director Name **Frank Sylvester**			Director Name **Rev Gorge Yany**		
Street Address **9 Gates Street**			Street Address **1 Valley Street**		
City **Pawtucket**	State **RI**	Zip **02861**	City **Central Falls**	State **RI**	Zip **02864**
Director Name **John Shea**			Director Name		
Street Address **54 Dalton Street**			Street Address		
City **Rumford**	State **RI**	Zip **02916**	City	State	Zip

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
Antero L Martins	**June 20, 2017**

Signature of Officer/Authorized Representative: Antero L. Martins

FILED
JUN 22 2017
BY 1124 DS

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

FORM 631 - Revised: 06/2017