



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

Annual Report for the year: 2017

Non-Profit Corporation

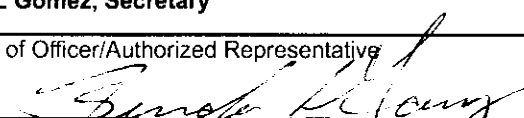
→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

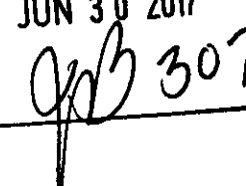
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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 BUS SVCS DIV

2017 JUN 30 PM 3:27

1. Entity ID Number 116338		2. Exact name of the Corporation Persain Gulf Veterans of Rhode Island			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Office to help All Persian Gulf & Afghanistan Veterans with info on Federal, State, Local Benefits			
4. NAICS Code 813910 - Business Association					
6. Principal Office Address One Capital Hill			City Providence	State RI	Zip 02908
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John Paquin			Vice-President Name Betty Ann Perry		
Street Address 432 Providence Street			Street Address 20 Harding Ave		
City Woonsocket	State RI	Zip 02895	City Riverside	State RI	Zip 02915
Secretary Name Brenda L Gomez			Treasurer Name Betty Ann Perry		
Street Address P.O. Box 9105			Street Address 20 Harding Ave		
City Warwick	State RI	Zip 02889	City Riverside	State RI	Zip 02915
8. 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 John Paquin			Director Name Betty Ann Perry		
Street Address 432 Providence Street			Street Address 20 Harding Ave		
City Woonsocket	State RI	Zip 02895	City Riverside	State RI	Zip 02915
Director Name Brenda L Gomez			Director Name		
Street Address P.O. Box 9105			Street Address		
City Warwick	State RI	Zip 02889	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.					
<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 Brenda L Gomez, Secretary				Date 06/30/17	
Signature of Officer/Authorized Representative 					

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

FILED
 JUN 30 2017
 BY  307431