

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 31278		2. Exact name of the Corporation CUMBERLAND RHODE ISLAND VETERANS COUNCIL	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island VETERAN AFFAIRS, HOLDING MEMORIAL DAY & VETERANS DAY CEREMONIES,	
4. NAICS Code 813410			
6. Principal Office Address 695 BROAD ST.		City CUMBERLAND	State R.I. Zip 02864
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name RICHARD SCHATZ		Vice-President Name KEVIN BRUNELLE	
Street Address 20 EAST ST.		Street Address 18 TOWER HILL RD.	
City CUMBERLAND	State R.I.	City CUMBERLAND	State R.I. Zip 02864
Secretary Name KEVIN BRUNELLE		Treasurer Name JAMES A WRIGHT	
Street Address 18 TOWER HILL RD		Street Address 249 ANN ST.	
City CUMBERLAND	State R.I.	City CUMBERLAND	State R.I. Zip 02864
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 DONALD M. BRUNELLE		Director Name MICHAEL J. Woods	
Street Address 392 GREAT RD.		Street Address 500 MENDON RD. UNIT 104	
City LINCOLN	State R.I.	City SO. ATTLEBORO	State MA. Zip 02703
Director Name EDWARD S. MORRIS		Director Name NONE	
Street Address 220 RHODE ISLAND AVE		Street Address	
City PAWTUCKET	State R.I.	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 JAMES A. WRIGHT			Date 6-30-17
Signature of Officer/Authorized Representative <i>James A Wright</i>			

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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