

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 <b>31278</b>		2. Exact name of the Corporation <b>CUMBERLAND RHODE ISLAND VETERANS COUNCIL</b>	
3. State of Incorporation <b>RHODE ISLAND</b>		5. Brief description of the character of business, conducted in Rhode Island <b>VETERAN AFFAIRS, HOLDING MEMORIAL DAY &amp; VETERANS DAY CEREMONIES,</b>	
4. NAICS Code <b>813410</b>			
6. Principal Office Address <b>695 BROAD ST.</b>		City <b>CUMBERLAND</b>	State <b>R.I.</b>
		Zip <b>02864</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>RICHARD SCHATZ</b>		Vice-President Name <b>KEVIN BRUNELLE</b>	
Street Address <b>20 EAST ST.</b>		Street Address <b>18 TOWER HILL RD.</b>	
City <b>CUMBERLAND</b>	State <b>R.I.</b>	Zip <b>02864</b>	City <b>CUMBERLAND</b>
State <b>R.I.</b>	Zip <b>02864</b>	State <b>R.I.</b>	Zip <b>02864</b>
Secretary Name <b>KEVIN BRUNELLE</b>		Treasurer Name <b>JAMES A WRIGHT</b>	
Street Address <b>18 TOWER HILL RD</b>		Street Address <b>249 ANN ST.</b>	
City <b>CUMBERLAND</b>	State <b>R.I.</b>	Zip <b>02864</b>	City <b>CUMBERLAND</b>
State <b>R.I.</b>	Zip <b>02864</b>	State <b>R.I.</b>	Zip <b>02864</b>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>DONALD M. BRUNELLE</b>		Director Name <b>MICHAEL J. WOODS</b>	
Street Address <b>392 GREAT RD.</b>		Street Address <b>500 MENDON RD. UNIT 104</b>	
City <b>LINCOLN</b>	State <b>R.I.</b>	Zip <b>02865</b>	City <b>SO. ATTLEBORO</b>
State <b>R.I.</b>	Zip <b>02865</b>	State <b>MA.</b>	Zip <b>02703</b>
Director Name <b>EDWARD S. MORRIS</b>		Director Name <b>NONE</b>	
Street Address <b>220 RHODE ISLAND AVE</b>		Street Address	
City <b>PAWTUCKET</b>	State <b>R.I.</b>	Zip <b>02860</b>	City
State <b>R.I.</b>	Zip <b>02860</b>	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
<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 <b>JAMES A. WRIGHT</b>			Date <b>6-30-17</b>
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

**FILED**  
 JUL 03 2017  
 BY 1470