



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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|---|--------------------|--|------------------------|
| 1. Entity ID Number <u>000081926</u> | | 2. Exact name of the Corporation <u>Amvets Post #37 Dept of Rhode Island</u> | |
| 3. State of Incorporation <u>RI</u> | | 5. Brief description of the character of business conducted in Rhode Island <u>A military organization consisting of Veterans of WWII, Korea, Vietnam</u> | |
| 4. NAICS Code <u>813990</u> | | | |
| 6. Principal Office Address <u>437 Metacom Ave</u> | | City <u>Bristol</u> | State <u>RI</u> |
| | | Zip <u>02809</u> | |
| 7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment | | | |
| President Name <u>DAVID ENOS</u> | | Vice-President Name | |
| Street Address <u>30 FRANKLIN ST</u> | | Street Address | |
| City <u>BRISTOL</u> | State <u>RI</u> | Zip <u>02809</u> | |
| Secretary Name <u>Noel Caouette</u> | | Treasurer Name <u>Noel Caouette</u> | |
| Street Address <u>437 Metacom Ave</u> | | Street Address <u>437 Metacom Ave</u> | |
| City <u>BRISTOL</u> | State <u>RI</u> | Zip <u>02809</u> | City <u>BRISTOL</u> |
| | | | State <u>RI</u> |
| | | | Zip <u>02809</u> |
| 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <input type="checkbox"/> Check the box to indicate an attachment | | | |
| Director Name <u>DAVID ENOS</u> | | Director Name <u>RICHARD ENOS</u> | |
| Street Address <u>30 FRANKLIN ST</u> | | Street Address <u>21 MILK ST</u> | |
| City <u>BRISTOL</u> | State <u>RI</u> | Zip <u>02809</u> | City <u>BRISTOL</u> |
| | | | State <u>RI</u> |
| | | | Zip <u>02809</u> |
| Director Name <u>STEVEN SKUBA</u> | | Director Name <u>Noel Caouette</u> | |
| Street Address <u>32 Ridge Road</u> | | Street Address <u>437 Metacom Ave</u> | |
| City <u>BRISTOL</u> | State <u>RI</u> | Zip <u>02809</u> | City <u>BRISTOL</u> |
| | | | State <u>RI</u> |
| | | | Zip <u>02809</u> |
| 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 <u>Arturo Rodriguez</u> | | | Date <u>7/12/17</u> |
| Signature of Officer/Authorized Representative <u>[Signature]</u> | | | FILED |

MAIL TO:

Division of Business Services

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Phone: (401) 222-3040

Website: www.sos.ri.gov

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BY 308063

FORM 631 - Revised: 06/2017