



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

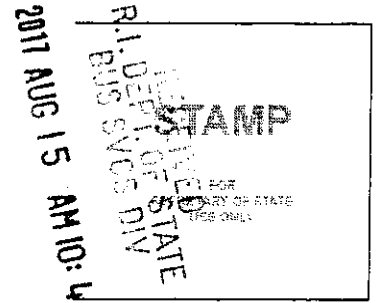
Non-Profit Corporation

2017

→ 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 <u>109 300</u>		2. Exact name of the Corporation <u>VETERAN'S RECREATION CLUB</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>PLACE FOR MEMBERS TO GET TOGETHER + PLAY CARDS</u>	
4. NAICS Code <u>813990</u>			
6. Principal Office Address <u>74 GREENVILLE AVE</u>		City <u>N. Prov.</u>	State <u>RI</u>
		Zip <u>02911</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>JOE MARINO</u>		Vice-President Name <u>PAUL VELINO</u>	
Street Address <u>91 SUPERIOR VIEW BLVD</u>		Street Address <u>26 BRADFORD ST</u>	
City <u>N. Prov.</u>	State <u>RI</u>	City <u>PROV.</u>	State <u>RI</u>
Zip <u>02911</u>		Zip <u>02911</u>	
Secretary Name <u>MIKE EGAN</u>		Treasurer Name <u>JOE MARINO</u>	
Street Address <u>59 METCALF AVE</u>		Street Address <u>91 SUPERIOR VIEW BLVD</u>	
City <u>N. Prov.</u>	State <u>RI</u>	City <u>N. Prov.</u>	State <u>RI</u>
Zip <u>02911</u>		Zip <u>02911</u>	
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 <u>JOE MARINO</u>		Director Name <u>PAUL VELINO</u>	
Street Address <u>91 SUPERIOR VIEW BLVD</u>		Street Address <u>26 BRADFORD ST</u>	
City <u>N. Prov.</u>	State <u>RI</u>	City <u>PROV.</u>	State <u>RI</u>
Zip <u>02911</u>		Zip <u>02911</u>	
Director Name <u>MIKE EGAN</u>		Director Name	
Street Address <u>59 METCALF AVE</u>		Street Address	
City <u>N. Prov.</u>	State <u>RI</u>	City	State
Zip <u>02911</u>		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 <u>JOSEPH MARINO</u>			Date <u>8-16-17</u>
Signature of Officer/Authorized Representative <u>Joseph Marino</u>			

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
AUG 15 2017
BY 30206