



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

Annual Report for the year:

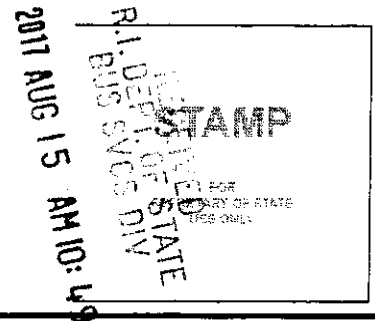
Non-Profit Corporation

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 109300		2. Exact name of the Corporation VETERAN'S RECREATION CLUB	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island PLACE FOR MEMBERS TO GET TOGETHER + PLAY CARDS	
4. NAICS Code 813990			
6. Principal Office Address 74 GREENVILLE AVE		City N. Prov.	State RI
		Zip 02911	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name JOE MARINO		Vice-President Name PAUL VELINO	
Street Address 91 SUPERIOR VIEW BLVD		Street Address 26 BRADFORD ST	
City N. Prov.	State RI	City BARNSTON	State RI
Zip 02911		Zip 02911	
Secretary Name MIKE EGAN		Treasurer Name JOE MARINO	
Street Address 59 METCALF AVE		Street Address 91 SUPERIOR VIEW BLVD	
City N. Prov.	State RI	City N. Prov.	State RI
Zip 02911		Zip 02911	
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 JOE MARINO		Director Name PAUL VELINO	
Street Address 91 SUPERIOR VIEW BLVD		Street Address 26 BRADFORD ST	
City N. Prov.	State RI	City BARNSTON	State RI
Zip 02911		Zip 02911	
Director Name MIKE EGAN		Director Name	
Street Address 59 METCALF AVE		Street Address	
City N. Prov.	State RI	City	State
Zip 02911		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 JOSEPH MARINO			Date 8-16-17
Signature of Officer/Authorized Representative <i>Joseph Marino</i>			

FILED
SIGN DOCUMENT HERE

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

AUG 15 2017
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