



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

FILED

Annual Report for the year:
Non-Profit Corporation

2018

JUN 11 2018

BY

51729

- 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>001337817</u>		2. Exact name of the Corporation <u>KWVA of Northern R.I. Chapter 3 (CID 258)</u>	
3. State of Incorporation <u>R.I.</u>		5. Brief description of the character of business conducted in Rhode Island <u>Aid and Assist Veterans in need</u>	
4. NAICS Code <u>813319</u>			
6. Principal Office Address <u>95 Orchard Meadows Dr.</u>		City <u>Smithfield</u>	State <u>R.I.</u>
		Zip <u>02917</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Richard N. St. Louis</u>		Vice-President Name <u>Richard A. Mende</u>	
Street Address <u>95 Orchard Meadows Dr</u>		Street Address <u>5 Watson Ave</u>	
City <u>Smithfield</u>	State <u>R.I.</u>	City <u>Johnston</u>	State <u>R.I.</u>
Zip <u>02917</u>		Zip <u>02919</u>	
Secretary Name <u>Eugene P. Pezzullo</u>		Treasurer Name <u>Eugene P. Pezzullo</u>	
Street Address <u>30 Wood Rd</u>		Street Address <u>30 Wood Rd.</u>	
City <u>Chepachet</u>	State <u>R.I.</u>	City <u>Chepachet</u>	State <u>R.I.</u>
Zip <u>02814</u>		Zip <u>02814</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>Robert G. Jaworski</u>		Director Name <u>Ernest J. "Pete" Robert</u>	
Street Address <u>12 Boulevard Ave</u>		Street Address <u>12 Karen Ann Dr.</u>	
City <u>Lincoln</u>	State <u>R.I.</u>	City <u>Smithfield</u>	State <u>R.I.</u>
Zip <u>02865</u>		Zip <u>02917</u>	
Director Name <u>Vincent J. Doyle</u>		Director Name <u>Russell F. Godin</u>	
Street Address <u>P.O. Box 831</u>		Street Address <u>201 Stillwater R.d</u>	
City <u>Greenville</u>	State <u>R.I.</u>	City <u>Smithfield</u>	State <u>R.I.</u>
Zip <u>02828</u>		Zip <u>02917</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>Richard N. St. Louis</u>			Date <u>6/6/18</u>
Signature of Officer/Authorized Representative <u>Richard N. St. Louis</u>			SIGN DOCUMENT HERE