



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

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SECRETARY OF STATE  
CORPORATIONS DIV

Annual Report for the year:

Non-Profit Corporation

2018

2019 FEB 11 AM 10:37

→ 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 44 GROENVILLE AVE		City NO-PROV.	State RI
		Zip 02911	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name JOE MARINO		Vice-President Name PAUL VELINO	
Street Address 91 SUPERIOR VIEW BLVD.		Street Address 26 BRADFORD ST.	
City NO-PROV.	State RI	City JOHNSTON	State RI
Zip 02911		Zip 02918	
Secretary Name MIKE EBAN		Treasurer Name JOE MARINO	
Street Address 59 METCALF AVE		Street Address 91 SUPERIOR VIEW BLVD	
City NO-PROV.	State RI	City NO-PROV.	State RI
Zip 02911		Zip 02911	
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 JOE MARINO		Director Name PAUL VELINO	
Street Address 91 SUPERIOR VIEW BLVD.		Street Address 26 BRADFORD ST.	
City NO-PROV.	State RI	City JOHNSTON	State RI
Zip 02911		Zip 02918	
Director Name MIKE EBAN		Director Name	
Street Address 59 METCALF AVE		Street Address	
City NO-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 JOE MARINO		Date 2-11-19	
Signature of Officer/Authorized Representative <i>Joe Marino</i>			

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BY CU XWB2S