



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

Annual Report for the year: 2019
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.

FILED
 JUN 20 2019
 BY 1040 DS

1. Entity ID Number 000030677		2. Exact name of the Corporation The United Veterans Council of Woonsocket, Rhode Isl			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To assist local Veterans and their families. To coordinate local Veterans Service Organizations activities for the benefit of our community.			
4. NAICS Code 813319 - Other Social Advocac:					
6. Principal Office Address 61 Morin Street			City Woonsocket	State RI	Zip 02895
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Marvin C. Ludwig			Vice-President Name Mark A. Camara		
Street Address 118 Glendale Avenue Apt. 1			Street Address 65 11th Avenue		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Secretary Name Sharron Zapor			Treasurer Name Ernest S. Boisvert		
Street Address 40 Oak Terrace			Street Address 61 Morin Street		
City Mapleville	State RI	Zip 02839	City Woonsocket	State RI	Zip 02895
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 Ernest S. Boisvert			Director Name Marvin C. Ludwig		
Street Address 61 Morin Street			Street Address 118 Glendale Avenue Apt. 1		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Director Name Mark A. Camara			Director Name Sharron Zapor		
Street Address 65 11th Avenue			Street Address 40 Oak Terrace		
City Woonsocket	State RI	Zip 0895	City Mapleville	State RI	Zip 02839
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Ernest S. Boisvert / Treasurer				Date June 17, 2019	
Signature of Officer/Authorized Representative <i>Ernest S. Boisvert / Treasurer</i>				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