



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

Annual Report for the year:
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

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|--|-----------------|---|--|------------------------------|---------------------|
| 1. Entity ID Number 000121444 | | 2. Exact name of the Corporation UNITED VETERANS COUNCIL OF RHODE ISLAND | | | |
| 3. State of Incorporation RHODE ISLAND | | 5. Brief description of the character of business conducted in Rhode Island <i>Veterans Advocacy and Community Service</i> | | | |
| 4. NAICS Code 813990 - Other Similar Organi | | | | | |
| 6. Principal Office Address ONE CAPITOL HILL | | City PROVIDENCE | | State RI | Zip 02903 |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name SANFORD GORODETSKY | | | Vice-President Name VIRGINIA HANSON | | |
| Street Address 40 BAGY WRINKLE COVE | | | Street Address 40 SWAN VIEW LANE | | |
| City WARREN | State RI | Zip 02885 | City N. KINGSTOWN | State RI | Zip 02852 |
| Secretary Name GINAMARIE DOHERTY | | | Treasurer Name GINAMARIE DOHERTY | | |
| Street Address 10 OSAGE DR | | | Street Address 10 OSAGE DR | | |
| City MIDDLETOWN | State RI | Zip 02842 | City MIDDLETOWN | State RI | Zip 02842 |
| 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 JOHN GALLO | | | Director Name DAN EVANGELISTA | | |
| Street Address 453 GROTTA AVE | | | Street Address 140 FERRIS AVE | | |
| City PAWTUCKET | State RI | Zip 02860 | City RUMFORD | State RI | Zip 02916 |
| Director Name DAVID SMITH | | | Director Name | | |
| Street Address 321 ALBION RD | | | Street Address | | |
| City LINCOLN | State RI | Zip 02865 | City | State | 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 GINAMARIE DOHERTY <i>Treasurer</i> | | | | Date JUNE 14, 2019 | |
| Signature of Officer/Authorized Representative <i>[Signature]</i> SIGN DOCUMENT HERE | | | | | |

MAIL TO:
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