



Department of State - Business Services Division

FILED

Annual Report for the year: **2020**
 Non-Profit Corporation

AUG 03 2020

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

BY 9100 DS

1. Entity ID Number 000788442		2. Exact name of the Corporation Rhode Island Military Organization			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Operate the Military Lounge at the TFGreen Airport and also provide services to veterans			
4. NAICS Code 813319 - Other Social Advoc					
6. Principal Office Address 108 West Shore Road		City Warwick	State RI	Zip 02889	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Timothy Howe		Vice-President Name Daniel J. Evangelista			
Street Address 33 Elite Drive		Street Address 140 Ferris Avenue			
City Warwick	State RI	Zip 02889	City Rumford	State RI	Zip 02916
Secretary Name Kimberly Wineman		Treasurer Name Daniel O'Toole			
Street Address 208 Besty Williams Drive		Street Address 121 Chapmans Aveune			
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02886
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 Timothy Howe		Director Name Daniel J. Evangelista			
Street Address 33 Elite Drive		Street Address 140 Ferris Avenue			
City Warwick	State RI	Zip 02889	City Rumford	State RI	Zip 02916
Director Name Kimberly Wineman		Director Name Daniel O'Toole			
Street Address 208 Betsy Williams Drive		Street Address 121 Chapmans Avenue			
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02886
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 Daniel J. Evangelista				Date July 30, 2020	
Signature of Officer/Authorized Representative <i>Daniel J. Evangelista</i>				SIGN DOCUMENT HERE	