

FILED

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

2020

AUG 03 2020

Filing penod: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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1. Entity ID Number	2. Exact name of the Corporation						
000788442	Rhode Island Military Organization						
State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
Rhode Island	Operate the Military Lounge at the TFGreen Airport and also provide services to						
4. NAICS Code	veterans						
813319 - Other Social Advoc							
6. Principal Office Address			City	State	Zip		
108 West Shore Road			Warwick	RI	02889		
7. List ALL officers (names and addresses)  Check the box to indicate an attachment							
President Name Timothy Howe			Vice-President Name Daniel J. Evangelista				
Street Address 33 Elite Drive			Street Address 140 Ferris Avenue				
City Warwick	State RI	<sup>Zip</sup> 02889	City Rumford	State RI	<sup>Zip</sup> 02916		
Secretary Name Kimberty Wineman			Treasurer Name Daniel O'Toole				
Street Address 208 Besty Williams Drive			Street Address 121 Chapmans Aveune				
City Warwick	State RI	<sup>Zip</sup> 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							
Director Name Timothy Howe			Director Name Daniel J. Evangelista				
Street Address 33 Elite Drive			Street Address 140 Ferris Avenue				
City Warwick	State RI	<sup>Zip</sup> 02889	City Rumford	State RI	<sup>Zip</sup> 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	<sup>Zip</sup> 02886		
9. Registered Agent in Rhode Islan	d. This information	is currently of recor	d in the Department of State. Char	nges require filing Form 64	1.		
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					Date		
Daniel J. Evangelista				July 30, 202	July 30, 2020		
Signature of Officer/Adhorized Representative 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