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

Annual Report for the year: 2020
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
AUG 07 2020

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1. Entity ID Number: 000129731	2. Exact name of the Corporation: DISABLED AMERICAN VETERANS LAWRENCE E. BEDARD CHAPTER 3, R.I.
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Supporting Veterans
4. NAICS Code: 813410	

6. Principal Office Address: 58 Flint St | City: Pawtucket | State: RI | Zip: 02861

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Irving J. Owens	Vice-President Name: Martin Briggs
Street Address: 1 Metop Court	Street Address: 597 Newport Ave
City: E. Greenwich | State: RI | Zip: 02818	City: So. Attleboro | State: MA | Zip: 02703
Secretary Name: Joseph F. Shottek Jr	Treasurer Name: Joseph F. Shottek Jr
Street Address: 58 Flint St	Street Address: 58 Flint St
City: Pawtucket | State: RI | Zip: 02861	City: Pawtucket | State: RI | Zip: 02861

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. — Check the box to indicate an attachment ☐

Director Name: Kenneth McDonald	Director Name: George Salhaney
Street Address: 48 Columbus Ave	Street Address: 41 Jamaica St
City: Pawtucket | State: RI | Zip: 02860	City: Pawtucket | State: RI | Zip: 02861
Director Name: Leo Belanger	Director Name:
Street Address: 17 Lakeshore St	Street Address:
City: Pawtucket | State: RI | Zip: 02861	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: Joseph F. Shottek Jr | Date: 8-5-20

Signature of Officer/Authorized Representative: Joseph F. Shottek Jr

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov