State of Rhode Island

Department of State - Business Services Division

Annual Report for the year,	2020
Non-Profit Corporation -	

MAR 0 5 2021 2021

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

-> Penalty. Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 93058	Exact name of the Corporation West Bay Korean War Veterans Assn. of RI, Inc, Chapter 2						
3. State of Incorporation Rhode Island	Brief description of the character of business conducted in Rhode Island To promote and maintain for benevolent and charitable purposes.						
4. NAICS Code							
813319 - Other Social Advoca							
3. Principal Office Address 190 Fairway Drive			City Coventry	State RI	Zip 02816		
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name Henry DeGraide			Vice-President Name William Kennedy				
Street Address 206 Hill Street			Street Address 13 Clarke Road				
City Coventry	State (R)	Zip 02816	City Coventry	State RI	^{Zip} 02816		
Secretary Name Edward Ruzzano			Treasurer Name Edward Ruzzano				
Street Address 190 Fairway Drive		Street Address 190 Fairway Drive					
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816		
8. List ALL directors (names and addresses). RI Corporations MUST fist at least THREE directors. Check the box to indicate an attachment							
Director Name William Bowen			Director Name Roland Gravier				
Street Address 500 Swansea Mall Drive, #126B			Street Address 588 Weaver Hill Road				
City Swansea	State MA	Zip 02777	City West Greenwich	State RI	Zip 02817		
Director Name Cyril Geary			Director Name Deceased				
Street Address 114 MacArthur Blvd.			Street Address				
City Coventry	State RI	^{Zip} 02816	City	State	2ip		
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require fiting 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 Edward Ruzzano				Date March 2, 2021			
Signature of Officer/Authorized Rep	resentative						

MAIL TO:

Division of Business Services

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