RI SOS Filing Number: 202198225090 Date: 6/11/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

FILED

JUN 11 2021

BY IDLDS

Annual Report for the year: 2021

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.

1. Entity ID Number	2. Exact name of the Corporation
001702415	Irish American Veterans of East Bay Rhode Island
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: The Irish Veterans was established to Honor 1SG Andrew P. McKenna who was killed in action in Afghanistan and provide scholarships to sons and daughters of veterans.
4. NAICS Code: 813219 - Other Grantmaking	

6. Principal Office Address	City	State	Zip
244 Metacom Ave	Bristol	RI	02809

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

President Name: Michaerl Manning			Vice-President Name: Thomas Rielly		
Street Address: 10 Leonard St			Street Address: 57 Old Forge Rd		
City: Hingham	State: MA	Zip: 02043	City: East Greenwich	State: RI	Zip: 02818
Secretary Name: Robert McKenna			Treasurer Name: Michael Byrnes		
Street Address: 62 Kingswood Road			Street Address: 244 Metacom Ave		
City: Bristol	State: RI	Zip: 02809	City: Bristol	State: RI	Zip: 02809

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

Director Name: Michael Manning			Director Name: Thomas Rielly		
Street Address: 10 Leonard Street			Street Address: 57 Old Forge Rd		
City: Hingham	State: MA	Zip: 02043	City: East Greenwich	State: RI	Zip: 02818
Director Name: Robert McKenna			Director Name: Michael Byrnes		
Street Address: 62 Kingswood Road			Street Address: 244 Metacom Ave		
City: Bristol	State: RI	Zip: 02809	City: Bristol	State: RI	Zip: 02809

9. The Registered Agent information of record with the RI Department of State is accurate. 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	Date
Michael Byrnes	June 7, 2021

Signature of Officer/Authorized Representative: Michael Byrnes

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

FORM 631 - Revised: 08/2020