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

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.

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1. Entity ID Number: 000129731	2. Exact name of the Corporation: DISABLED AMERICAN VETERANS LAWRENCE E. Bedrosd Chapter 3 R.I
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Supporting All 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 NETOP COURT		Street Address: 597 NEWPORT AVE	
City: E. GREENWICH	State: RI	Zip: 02818	City: SO ATTLEBORO	State: MA	Zip: 02703
Secretary Name: JOSEPH F. SHOTEK JR		Treasurer Name: JOSEPH F. SHOTEK 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 LAFOUNTAINE		Director Name: GEORGE SALHANEY	
Street Address: 48 COLOMBUS AVE		Street Address: 71 JAPONICA ST	
City: PAWTUCKET	State: RI	Zip: 02860	City: PAWTUCKET	State: RI	Zip: 02861
Director Name: LEO BELAND		Director Name:	
Street Address: 17 LANESBORO 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: IRVING J OWENS

Signature of Officer/Authorized Representative: Irving J Owens — Date: 7-2-21

FILED
JUL 08 2021
BY CM SNOW
2:10

MAIL TO:
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