



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2021

1. Corporate ID No. 000066730

2. Name of Corporation JAMESTOWN MEMORIAL-VETERANS OF FOREIGN WARS-POST 9447

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code



813990

4. Principal Office Address

No. and Street: 10 LINCOLN STREET

City or Town: JAMESTOWN

State: RI

Zip: 02835

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 15 SKYSAIL CT

City or Town: JAMESTOWN

State: RI

Zip: 02835

Country: UNI

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TO SERVE JAMESTOWN VETERANS, THE MILITARY AND OUR COMMUNITY.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	RODNEY OLDENBURG	16 PENNY RD JAMESTOWN, RI 02835 US
DIRECTOR	MARK SWISTAK	10 LINCOLN STREET JAMESTOWN, RI 02835 USA
DIRECTOR	BRAD DONNELLY	15 SKYSAIL CT JAMESTOW, RI 02835 US

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

THOMAS CHADRONET 705 NORTH MAIN ROAD JAMESTOWN , RI 02835

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 12 Day of July, 2021 at 11:40:43 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By THOMAS CHADRONET
Signature of Authorized Person

Form No. 631
Revised 09/07

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