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State of Rhode Island
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.

1. Entity ID Number 000053459		2. Exact name of the Corporation VIETNAM VETERANS OF AMERICA, CHAPTER 273, PROV., R. I., INC. PRQ			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO HELP FOSTER, ENCOURAGE AND PROMOTE THE IMPROVEMENT OF THE CONDITION OF THE VIETNAM ERA VETERAN			
4. NAICS Code 813990 - Other Similar Organi					
6. Principal Office Address P O BOX 9112		City PROVIDENCE	State RI	Zip 02940	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name LAWRENCE A. MATIKA		Vice-President Name DONALD WEBB			
Street Address 35 ADAMS POINT RD.		Street Address 159 CARDINAL RD.			
City BARRINGTON	State RI	Zip 02806	City CRANSTON	State RI	Zip 02921
Secretary Name BRIAN CARN		Treasurer Name GERALD SHERMAN			
Street Address 16 FAIRLAWN ST.		Street Address 161 HOLLAND ST. #103			
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02910
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ROGER DIPIERRO		Director Name ROBERT VARESI			
Street Address 14 CATALPA AVE.		Street Address 90 SILVER LAKE AVE.			
City RIVERSIDE	State RI	Zip 02915	City WAKEFIELD	State RI	Zip 02879
Director Name JOHN WEISS		Director Name			
Street Address 111 BROWN AVE.		Street Address			
City JOHNSTON	State RI	Zip 02919	City	State	Zip
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative LAWRENCE A. MATIKA, PRESIDENT				Date 01/24/2022	
Signature of Officer/Authorized Representative es: LAWRENCE A. MATIKA				FILED	

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

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FORM 631 - Revised: 08/2020