



State of Rhode Island
Department of State - Business Services Division

FILED

APR 25 2022

BY

Annual Report for the year: 2022

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000026907		2. Exact name of the Corporation CPT ELWOOD J EUART VFW POST 602			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island NON PROFIT VETERANS ORGANIZATIONS, FRATERNAL, PATRIOTIC, HISTORICAL AND EDUCATIONAL.			
4. NAICS Code 813319 - Other Social Advocacy <input type="checkbox"/>					
6. Principal Office Address 55 OVERLAND AVENUE			City PAWTUCKET	State RI	Zip 02860
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name RAYMOND KILEY			Vice-President Name THOMAS CONNOLLY		
Street Address FRANKLIN STREET			Street Address 18 DOROTHY AVENUE		
City LINCOLN	State RI	Zip 02865	City PROVIDENCE	State RI	Zip 02904
Secretary Name NICK DA MICO			Treasurer Name CAMILLE M NETTO		
Street Address 303 GROTTA AVENUE			Street Address 2 BROWNE HILL COURT		
City PAWTUCKET	State RI	Zip 02860	City LINCOLN	State RI	Zip 02865
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 CAMILLE M NETTO			Director Name RAYMOND KILEY		
Street Address 2 BROWNE HILL COURT			Street Address FRANKLIN STREET		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Director Name NICK DA MICO			Director Name		
Street Address 303 GROTTA AVENUE			Street Address		
City PAWTUCKET	State RI	Zip 02860	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.					
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 CAMILLE M NETTO				Date 4/18/2022	
Signature of Officer/Authorized Representative 					

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: 11/2021