



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

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2022 NOV -2 PM 2:03

Annual Report for the year: 2023
 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 000031278		2. Exact name of the Corporation Cumberland Rhode Island Veterans Council	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Serving Veterans needs, Conducting Memorial Services, Cemetery flagging	
4. NAICS Code 813410			
6. Principal Office Address 695 Broad Street		City Cumberland	State RI
		Zip 02864	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Richard Schatz		Vice-President Name Kevin Brunelle	
Street Address 20 East Street		Street Address 18 Tower Hill Rd	
City Cumberland	State RI	City Cumberland	State RI
Zip 02864		Zip 02864	
Secretary Name Kevin Brunelle		Treasurer Name Fred Smith	
Street Address 18 Tower Hill Rd		Street Address 421 High Street	
City Cumberland	State RI	City Cumberland	State RI
Zip 02864		Zip 02864	
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 Donald Brunelle		Director Name Peter Beale	
Street Address 392 Great Rd		Street Address 45 Ledgerview Dr	
City Lincoln	State RI	City Cumberland	State RI
Zip 02865		Zip 02864	
Director Name James Wright		Director Name	
Street Address 249 Ann Street		Street Address	
City Cumberland	State RI	City	State
Zip 02864		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.			
<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 Fred M Smith		Date 10/30/22	
Signature of Officer/Authorized Representative <i>Fred M Smith</i>		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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