



State of Rhode Island
Department of State - Business Services Division

FILED
FEB 15 2023
 BY 1427

Annual Report for the year: 2023
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 000028002		2. Exact name of the Corporation Little Rhody Vasa Park, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island non-profit for the benefit of our members of RI District #3 Vasa Order of America			
4. NAICS Code 813990 - Other Similar Organ <input type="checkbox"/>					
6. Principal Office Address 10 Boswell Trail		City Foster	State RI	Zip 02825	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ronnie Tavares			Vice-President Name Nathaniel Nazareth		
Street Address 3605 Pawtucket Ave.			Street Address 15 Lion St.		
City Riverside	State RI	Zip 02915	City East Greenwich	State RI	Zip 02818
Secretary Name Janice Johnson			Treasurer Name Jennifer Kirby		
Street Address 72 Haig Ave.			Street Address 3605 Pawtucket Ave.		
City Seekonk	State MA	Zip 02771	City Riverside	State RI	Zip 02915
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 Joyce Smedberg			Director Name Kenneth Olson		
Street Address 41 Planet Ave.			Street Address 126 Providence Ave.		
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915
Director Name Karen Soderberg-Gomez			Director Name Carol Olson		
Street Address 12 Palmer Circle			Street Address 59 Sherman St.		
City Hope Valley	State RI	Zip 02832	City Riverside	State RI	Zip 02915
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 Ronnie Tavares				Date 2/6/2023	
Signature of Officer/Authorized Representative 					

MAIL TO:
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