



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

Annual Report for the year:
Non-Profit Corporation

2023

FEB 21 2023

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- 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 001673440		2. Exact name of the Corporation KOREAN WAR VETERANS COUNCIL	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island AID AND ASSIST VETERANS IN NEED	
4. NAICS Code 813319			
6. Principal Office Address 5-WATSON AVENUE		City JOHNSTON	State RI
		Zip 02919	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name RICHARD A MENDE		Vice-President Name ROBERT G. JAWORSKI	
Street Address 5-WATSON AVENUE		Street Address 12 BOULEVARD AVENUE	
City JOHNSTON	State RI	Zip 02919	City LINCOLN
			State RI
			Zip 02917
Secretary Name MARGARET WALSH		Treasurer Name MARGARET WALSH	
Street Address 311 HAROLD RD APT B205		Street Address 311 HAROLD RD. APT B205	
City WARICK	State R.I.	Zip 02886	City WARICK
			State R.I.
			Zip 02886
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 CHARLES H. COMPTON		Director Name GUS A. PAGEL	
Street Address 26 RUSSELL LN		Street Address 63 ENFIELD DR.	
City SMITHFIELD	State R.I.	Zip 02917	City WEST WARICK
			State R.I.
			Zip 02893
Director Name ALBERT N. GOLATO		Director Name WILLIAM FIELD	
Street Address 85 ORCHARD MEADOWS DR		Street Address 92 BOLTON AVENUE	
City SMITHFIELD	State RI	Zip 02917	City PROVIDENCE
			State RI
			Zip 02908
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.			
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 RICHARD A. MENDE			Date 2/18/23
Signature of Officer/Authorized Representative <i>Richard A Mende</i> SIGN DOCUMENT HERE			