



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year:

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

FEB 27 2023

1551

1 Entity ID Number 62529		2. Exact name of the Corporation (SENE MOAA) South Eastern New England Chapter of Military Officers of America			
3 State of Incorporation RI		5 Brief description of the character of business conducted in Rhode Island Veteran Service Organization			
4 NAICS Code 813990					
6 Principal Office Address 5 Elm Ave			City Rumford	State RI	Zip 02916
7 List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Albert V. Ferri			Vice-President Name Mike Rosenberg		
Street Address 5 Elm Ave			Street Address 87 Pruda Ln		
City Rumford	State RI	Zip 02916	City Bristol	State RI	Zip 02809
Secretary Name Susan Potter			Treasurer Name William Orsato		
Street Address 26 Juniper Circle			Street Address PO Box 15		
City Warrenton	State RI	Zip 02835	City Wickfield	State RI	Zip 02880
8 List ALL directors (names and addresses) RI Corporations MUST list at least THREE directors <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Patrick Monnigan			Director Name William Crupe		
Street Address 157 Hampton Way			Street Address 260 Hampton Way		
City Wickfield	State RI	Zip 02877	City Wickfield	State RI	Zip 02877
Director Name Lester Hoffmann			Director Name Stephen Laron		
Street Address PO Box 941			Street Address 100 Woodland Drive		
City Newport	State RI	Zip 02840	City Portsmouth	State RI	Zip 02871
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 Robert A. Monnigan					Date 1 Jan 22
Signature of Officer/Authorized Representative [Signature]					