



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2023

FEB 27 2023 *[Signature]*

1551

- 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 62529 | | 2. Exact name of the Corporation (SENE MOAA) <i>South Eastern New England Chapter of Military Officers of America</i> | | | |
| 3 State of Incorporation RI | | 5 Brief description of the character of business conducted in Rhode Island <i>Veteran Service Organization</i> | | | |
| 4 NAICS Code 813990 | | | | | |
| 6 Principal Office Address 5 Elm Ave | | | City Rumford | State RI | Zip 02916 |
| 7 List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Albert V. Ferri | | | Vice-President Name Mike Rosenberg | | |
| Street Address 5 Elm Ave | | | Street Address 87 Pruda Ln | | |
| City Rumford | State R.I. | Zip 02916 | City Bristol | State R.I. | Zip 02809 |
| Secretary Name Alicia Potter | | | Treasurer Name William Orsato | | |
| Street Address 26 Juniper Circle | | | Street Address PO Box 15 | | |
| City Warrenton | State R.I. | Zip 02835 | City Wickfield | State R.I. | Zip 02880 |
| 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 Patrick Hernandez | | | Director Name William Crupe | | |
| Street Address 157 Hampton Way | | | Street Address 260 Hampton Way | | |
| City Wickfield | State R.I. | Zip 02877 | City Wickfield | State R.I. | Zip 02877 |
| Director Name Leota Hoffmann | | | Director Name Stephen Larson | | |
| Street Address PO Box 941 | | | Street Address 100 Woodland Drive | | |
| City Newport | State R.I. | Zip 02840 | City Portsmouth | State R.I. | 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. | | | | | |
| <small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small> | | | | | |
| Name of Officer/Authorized Representative <i>[Signature]</i> | | | | | Date 1 Jan 22 |
| Signature of Officer/Authorized Representative <i>[Signature]</i> | | | | | |