



Department of State - Business Services Division

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.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

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1. Entity ID Number 000030958		2. Exact name of the Corporation COVENTRY MEMORIAL POST # 9404 VETERANS OF FOREIGN WARS, INC			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To foster veterans of overseas conflicts, serve veterans, the military & communities. Advocate on behalf of all veterans. Ensure veterans are respected, always receive their entitlements.			
4. NAICS Code 813319 - Other Social Advoc					
6. Principal Office Address 29 South Main Street		City Coventry	State RI	Zip 02816	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President: Name Chris Coleman		Vice-President Name Andrew Diomandes			
Street Address 54 East Shore Dr		Street Address 6 1/2 Burgess Rd			
City Exeter,	State RI.	Zip 02822	City Foster	State RI	Zip 028256
Secretary Name Thomas Day		Treasurer Name Alan Beaumier			
Street Address 105 Brinton Ave		Street Address 20 Woodland Rd			
City Warwick	State ri	Zip 02889	City East Greenwich	State RI	Zip 02818
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 John Herbert Croft		Director Name Kenneth L. Ethier			
Street Address 30 Monroe Dr		Street Address 166 Princeton Ave			
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Director Name Norman Messier		Director Name			
Street Address 1093 Maple Valley Rd		Street Address			
City Greene	State RI	Zip 02827	City	State	Zip
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 Chris Coleman				Date 3-2-2023	
Signature of Officer/Authorized Representative <i>Chris Coleman</i>					

FILED

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 MAR 07 2023
 BY ML KIFQQ