RI SOS Filing Number: 202331736760 Date: 3/23/2023 4:00:00 PM

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State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year:

**Non-Profit Corporation** 

2023

-> Filing period: February 1 - May 1

→ Filing Fee: \$20.00

-> Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED

1. Entity ID Number	2. Exact name of the Corporation	NEL O	19 KM 24 ₱ 1:01	
000788442	Khoode Island	Military Organ	1123 t/au	
3. State of Incorporation		of business conducted in Rhode Isl		
Rhode Island	Operate the M	ilitary Lounge at .	the	
4. NAICS Code TF Green Int		prnational Airpor	<i>t</i>	
813319	and also pro	vide services to V	eterans	
6. Principal Office Address	•	City	State Zip	
108 West Sho	re Rd.	Warwick	KI 02889	
7. List ALL officers (names and addresses)  Check the box to indicate an attachment				
President Name Timothu	Howe	Vice-President Name	T. Evanaplista	
Street Address 33 Elite	Drive	Street Address 140 Fo	rris Avenue	
City Warwick	State RI Zip 02889	city Rumford	State RI Zip 02916	
Secrétary Name Kimber Ly	Wineman	Treasurer Name Dank	1 O'Toole	
Street Address 208 Bestu	Williams Drive	Street Address 121 Chap	maus Avenue	
city Warwick	State RI Zip 02889	city Warwick	State RI Zip 02886	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment				
Director Name Timothu	Howl	Director Name Daniel Ju	Evaugelista	
Street Address 33 Eli-	te Drive	Street Address 140 FeV	is Avenue	
City Warwick	State RT   Zip 02889	city Rumford	State RI Zip 02916	
Director Name Kim Dey I	A -	Director Name Daniel	0'Toole	
Street Address 208 BA	sty Williams Drive	Street Address 121 Cha	pmans Avenue	
City Warwick	State RI Zip 02889	city Warwick	State RI Zip 02806	
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				
MANIFI J. P	vauge 115tz		March 24, 2023	
Signaturerof Officer/Authorized Representative FILED				
The second secon	Y			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 2 4 2023 BY MV 3 BW K 3