



State of Rhode Island
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.

RECEIVED
 DEPARTMENT OF STATE
 BUSINESS SERVICES DIVISION
 2023 APR 11 4:00 PM

1. Entity ID Number 000099391		2. Exact name of the Corporation SERBEE VETERANS of AMERICA ISLAND X-1 RI			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island VETERANS ORGANIZATION			
4. NAICS Code 813410					
6. Principal Office Address 56 SUNSET AVE			City PROVIDENCE	State RI	Zip 02909
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name THOMAS S. CURRAN			Vice-President Name		
Street Address 56 SUNSET AVE			Street Address		
City PROVIDENCE	State RI	Zip 02909	City	State	Zip
Secretary Name Laurie Taylor-Curby			Treasurer Name EDWARD R. WEIKMAN, JR		
Street Address 3 ANDORRA LANE			Street Address 654 HOPKINS HILL RD		
City HINGHAM	State MA	Zip 02043	City W GREENWICH	State RI	Zip 02817
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 ROBERT W. SCHWAB			Director Name KENNETH PAIVA		
Street Address 24 SURREY LANE			Street Address 928 PROVIDENCE ST		
City No. KINGSTOWN	State RI	Zip 02852	City W WARWICK	State RI	Zip 02893
Director Name KENNETH A. SENKER			Director Name		
Street Address 92 EDMOND AVE			Street Address		
City No. KINGSTOWN	State RI	Zip 02852	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 EDWARD R. WEIKMAN, JR					Date APRIL 11, 2023
Signature of Officer/Authorized Representative <i>ER Weikman</i>					MB FILED 1248

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

APR 11 2023
BY SH 653