



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.

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 DEPARTMENT OF STATE  
 BUSINESS SERVICES DIVISION

2023 APR 11 12:48

1. Entity ID Number <b>000099391</b>		2. Exact name of the Corporation <b>SERBEE VETERANS of AMERICA ISLAND X-1 RI</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>VETERANS ORGANIZATION</b>			
4. NAICS Code <b>813410</b>					
6. Principal Office Address <b>56 SUNSET AVE</b>			City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>THOMAS S. CURRAN</b>			Vice-President Name		
Street Address <b>56 SUNSET AVE</b>			Street Address		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>	City	State	Zip
Secretary Name <b>Laurie Taylor-Curby</b>			Treasurer Name <b>EDWARD R. WEIKMAN, JR</b>		
Street Address <b>3 ANDORRA LANE</b>			Street Address <b>654 HOPKINS HILL RD</b>		
City <b>HINGHAM</b>	State <b>MA</b>	Zip <b>02043</b>	City <b>W. GREENWICH</b>	State <b>RI</b>	Zip <b>02817</b>
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 <b>ROBERT W. SCHWAB</b>			Director Name <b>KENNETH PAIVA</b>		
Street Address <b>24 SURREY LANE</b>			Street Address <b>928 PROVIDENCE ST</b>		
City <b>No. KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>W. WARWICK</b>	State <b>RI</b>	Zip <b>02893</b>
Director Name <b>KENNETH A. SENKER</b>			Director Name		
Street Address <b>92 EDMOND AVE</b>			Street Address		
City <b>No. KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>EDWARD R. WEIKMAN, JR</b>					Date <b>APRIL 11, 2023</b>
Signature of Officer/Authorized Representative <i>ER Weikman</i>					

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MAIL TO:  
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 Website: www.sos.ri.gov