RI SOS Filing Number: 202335496570 Date: 5/10/2023 4:00:00 PM



State of Rhode Island

Department of State - Business, Services Division

Annual Report for the year: **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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1. Entity ID Number	Exact name of the Corporation VetSurf Corporation						
State of Incorporation Rhode Island	Brief description of the character of business conducted in Rhode Island VetSurf takes our wounded warriors and other Veterans surfing to help them in their lives.						
4. NAICS Code	(1.10)) (1.700)						
813110					!		
6. Principal Office Address			City	State	Zip		
81 East Shore Rd			Narragansett	RI	02882		
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name Michael J Tubridy			Vice-President Name Laurence Zevon				
Street Address 81 East Shore	Rd		Street Address 253 Orchard Woods Dr				
City Narragansett	State RI	^{Zıp} 02882	City North Kingstown	State RI	Zip 02874		
Secretary Name John Kenyon			Treasurer Name Michael J Tubridy				
Street Address 223 Orchard	Voods Dr Street Address 81 East Shore Rd						
City North Kingstown	State RI	^{Zip} 02874	City Narragansett	State RI	^{Zip} 02882		
8. List ALL directors (names and addresses), RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment.							
Director Name Michael J Tubridy			Director Name Laurence Zevon				
Street Address 81 East Shore Rd			Street Address 253 Orchard Woods Dr				
City Narragansett	State RI	^{Zip} 02882	City North Kingstown	State RI	^{Zip} 02874		
Director Name John Kenyon			Director Name				
Street Address 223 Orchard Woods Dr Street Address			Street Address				
City North Kingstown	State RI	^{Zip} 02874	City	State	Zıp		
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 Michael J Tubrio				Date 05/08/2023			
Signature of Officer/Authorized Representative							

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

Website: www.sos/i.gov