



State of Rhode Island  
Department of State - Business Services Division

**FILED**

MAY 10 2023  
By *[Signature]*

2023

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.

1. Entity ID Number <b>001734860</b>		2. Exact name of the Corporation <b>VetSurf Corporation</b>		
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>VetSurf takes our wounded warriors and other Veterans surfing to help them in their lives.</b>		
4. NAICS Code <b>813110</b>				
6. Principal Office Address <b>81 East Shore Rd</b>		City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>
7. List ALL officers (names and addresses). <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
President Name <b>Michael J Tubridy</b>		Vice-President Name <b>Laurence Zevon</b>		
Street Address <b>81 East Shore Rd</b>		Street Address <b>253 Orchard Woods Dr</b>		
City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>	City <b>North Kingstown</b>	State <b>RI</b>
Secretary Name <b>John Kenyon</b>		Treasurer Name <b>Michael J Tubridy</b>		
Street Address <b>223 Orchard Woods Dr</b>		Street Address <b>81 East Shore Rd</b>		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02874</b>	City <b>Narragansett</b>	State <b>RI</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
Director Name <b>Michael J Tubridy</b>		Director Name <b>Laurence Zevon</b>		
Street Address <b>81 East Shore Rd</b>		Street Address <b>253 Orchard Woods Dr</b>		
City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>	City <b>North Kingstown</b>	State <b>RI</b>
Director Name <b>John Kenyon</b>		Director Name		
Street Address <b>223 Orchard Woods Dr</b>		Street Address		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02874</b>	City	State
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>Michael J Tubridy</b>			Date <b>05/08/2023</b>	
Signature of Officer/Authorized Representative <i>[Signature]</i>				

MAIL TO:  
Division of Business Services  
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Phone: (401) 222-3040  
Website: www.sns.ri.gov