RI SOS Filing Number: 202335650710 Date: 5/15/2023 4:00:00 PM

,

State of Rhode Island **Department of State - Business Services Division**

FILED

MAY 1 5 2023

/	۱nnر	ıal l	Rej	port	for	the	year:	20	2:	3
•		_		_						

Hon-Profit Corporation → Filing period: February 1 - May → Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee	Y S	
1 Entity ID Number	2. Exact name of the Corporation Irish American Veterans of East Bay Rhode Isla	and

1)02415	Irish Ameri	can Vetera	ns of East Bay Rhode Is	sland				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island							
RI	To recognize the service of Irish American veterans and to assist in uniting							
4. NAICS Code	the veterans community in Rhode Island.							
813219								
6. Principal Office Address			City	State	Zip			
62 Kingswood Road			Bristol	RI	02809			
7. List ALL officers (names and add		. <u></u>	Check the box to indicate an attachment					
President Name Michael P. Mar			Vice-President Name Thomas B. Reilly					
Street Address 10 Leonard Street	et		Street Address 750 North Glebe Road					
^{City} Hingham	State MA	^{Zip} 02043	City Arlington	State VA	Zip 22203			
Secretary Name Thomas R. Mo	Grath Jr.		Treasurer Name Robert W. McKenna					
Street Address 47 Oak Street			Street Address 62 Kingswood Road					
^{City} Middletown	State RI	^{Zip} 02842	^{City} Bristol	State RI	Zip 02809			
8. List ALL directors (names and ac	idresses). RI Corp	orations MUST lis		box to indicate an a	attachment			
Director Name Michael P. Manr	ning		Director Name Thomas B. Reilly					
Street Address 10 Leonard Street	et -		Street Address 750 North Glebe Road					
^{City} Hingham	State MA	^{Zip} 02043	City Arlington	State VA	Zip 22203			
Director Name Thomas R. McG	 ∋rath		Director Name Robert W. McKenna					
Street Address 47 Oak Street			Street Address 62 Kingswood Road					
^{City} Middletown	State RI	^{Zip} 02842	City Bristol	State RI	Zip 02809			
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 Repres	entative		Date					
Robert W. McKenna				05/11/23				
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.ri.gov