



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Non-Profit Corporation

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R.I. DEPT. OF STATE
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- 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 1694849		2. Exact name of the Corporation RI VETERAN'S SHIELD INC	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island SUPPORT FOR MILITARY PERSONNEL AND VETERANS AS THEY RE-ENTER SOCIETY	
4. NAICS Code 624310			
6. Principal Office Address 118 ALLERTON AVENUE		City EAST PROVIDENCE	State RI
		Zip 02914	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name DALE EUGA		Vice-President Name CHRISTOPHER LANGE	
Street Address 501 KING PHILIP STREET, #20		Street Address 118 ALLERTON AVENUE	
City RAYNHAM	State MA	City EAST PROVIDENCE	State RI
Zip 02787		Zip 02914	
Secretary Name CHRISTOPHER LANGE		Treasurer Name DALE EUGA	
Street Address 118 ALLERTON AVE		Street Address 501 KING PHILIP STREET @20	
City EAST PROVIDENCE	State RI	City RAYNHAM	State MA
Zip 02914		Zip 02787	
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 DALE EUGA		Director Name CHRISTOPHER LANGE	
Street Address 501 KING PHILIP STREET @20		Street Address 118 ALLERTON AVENUE	
City RAYNHAM	State MA	City EAST PROVIDENCE	State RI
Zip 02787		Zip 02914	
Director Name RABBI SOL GOODMAN		Director Name	
Street Address 163 WALNUT STREET		Street Address	
City EAST PROVIDENCE	State RI	City	State
Zip 02914		City	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 CHRISTOPHER LANGE, SECRETARY			Date 01/11/2024
Signature of Officer/Authorized Representative 			

FILED

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

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