



State of Rhode Island
Department of State - Business Services Division

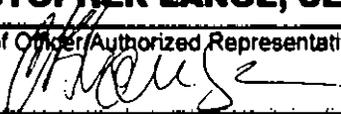
Annual Report for the year: 2023

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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2024 JAN 11 12 2:23

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	Zip 02787	City EAST PROVIDENCE	State RI	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	Zip 02914	City RAYNHAM	State MA	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	Zip 02787	City EAST PROVIDENCE	State RI	Zip 02914
Director Name RABBI SOL GOODMAN			Director Name		
Street Address 163 WALNUT STREET			Street Address		
City EAST PROVIDENCE	State RI	Zip 02914	City	State	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 02904-2815
Phone: (401) 222-3040
Website: www.sos.ri.gov

JAN 11 2024
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