



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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.

REC'D RHODES
24 JAN 29 PM 1:31:45

1. Entity ID Number <u>001673440</u>		2. Exact name of the Corporation <u>Korean War Veterans Council</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>To aid and assist veterans in need.</u>	
4. NAICS Code <u>813319</u>			
6. Principal Office Address <u>5 Watson Avenue</u>		City <u>Johnston</u>	State <u>RI</u> Zip <u>02919</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Richard A. Mende</u>		Vice-President Name <u>Robert G. Jaworski</u>	
Street Address <u>5 Watson Avenue</u>		Street Address <u>12 Boulevard Avenue</u>	
City <u>Johnston</u>	State <u>RI</u>	City <u>Lincoln</u>	State <u>RI</u> Zip <u>02865</u>
Secretary Name <u>Margaret L. Walsh</u>		Treasurer Name <u>Margaret L. Walsh</u>	
Street Address <u>311 Hardig Rd Apt. B205</u>		Street Address <u>311 Hardig Rd Apt. B205</u>	
City <u>Warwick</u>	State <u>RI</u>	City <u>Warwick</u>	State <u>RI</u> Zip <u>02886</u>
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 <u>Charles H. Compton</u>		Director Name <u>Gus Pagel</u>	
Street Address <u>26 Russell Ln</u>		Street Address <u>63 ENfield Dr.</u>	
City <u>Smithfield</u>	State <u>RI</u>	City <u>West Warwick</u>	State <u>RI</u> Zip <u>02893</u>
Director Name <u>Albert N. Golato</u>		Director Name <u>William Field</u>	
Street Address <u>85 Orchard Meadows Dr.</u>		Street Address <u>92 Bolton Avenue</u>	
City <u>Smithfield</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02908</u>
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 <u>Margaret L. Walsh</u>			Date <u>1/29/24</u>
Signature of Officer/Authorized Representative <u>Margaret L. Walsh</u>			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

JAN 29 2024
BY ML 2262Z