



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024

1. Corporate ID No. 001666039

2. Name of Corporation New Englanders Helping Our Veterans

3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813319

4. Principal Office Address

No. and Street: 1515 DOUGLAS PIKE

City or Town: BURRILLVILLE

State: RI

Zip: 02830

Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

SAID ORGANIZATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL, AND SCIENTIFIC PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER THE SECTION 501 (C) (3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE. THE BUSINESS ACTIVITY FOR SAID ORGANIZATION IS AS FOLLOWS: TO HELP NEW ENGLAND VETERANS IN NEED. WITHOUT BEING SPECIFIC TO ONE GROUP.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JAMES C COLLINS	1515 DOUGLAS TPK HARRISVILLE, RI 02830 USA
PRESIDENT	JAMES C COLLINS	1515 DOUGLAS TPK HARRISVILLE , RI 02830
TREASURER	BILL GATELY	481 JOSLIN ROAD HARRISVILLE, RI 02830 USA
SECRETARY	JOHN BRUNELLI	106 FISHER STREET ATTLEBORO, MA 02703 USA
VICE PRESIDENT	CRAIG CHAPMAN	110 HOMESTEAD AVENUE REHOBETH, MA 02769 USA
ADDITIONAL MEMBER	ROB BLANCHETTE	2138 TOMMYS WAY DIGHTON, MA 02715 USA
MEDIA PUBLIC RELATIONS	BELINDA COLLINS	1515 DOUGLAS TPK HARRISVILLE, RI 02830 USA
SERGEANT IN ARMS	TIM BOURGEOIS	26 MATTITY RD SMITHFIELD, RI 02896 USA
ADDITIONAL MEMBER	LEE MISH	9 TURTLE BROOK RD PLAINVILLE, MA 02762 USA
DIRECTOR	JAMES C COLLINS	1515 DOUGLAS TPK HARRISVILLE, RI 02830 USA
DIRECTOR	CRAIG CHAPMAN	110 HOMESTEAD AVENUE REHOBETH, MA 02769 USA
DIRECTOR	BILL GATELY	481 JOSLIN ROAD HARRISVILLE, RI 02830 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

JAMES COLLINS 1515 DOUGLAS TURNPIKE BURRILLVILLE , RI 02830

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 30 Day of January, 2024 at 4:53:51 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By JAMES C COLLINS
Signature of Authorized Person

Form No. 631
Revised 09/07

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