



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.

FEB 14 2024

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1. Entity ID Number 000026907		2. Exact name of the Corporation CPT ELWOOD J EUART VFW POST 602			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island NON PROFIT VETERANS ORGANIZATIONS, FRATERNAL PATRIOTIC, HISTORICAL AND EDUVATIONAL			
4. NAICS Code 813319					
6. Principal Office Address 55 OVERLAND AVENUE			City PAWTUCKET	State RI	Zip 02860
7. List ALL officers (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/>					
President Name KYLE MONGEAU			Vice-President Name THOMAS CONNOLLY		
Street Address 1820 TARKLIN ROAD			Street Address 18 DOROTHY AVENUE		
City HARRISVILLE	State RI	Zip 02830	City PROVIDENCE	State RI	Zip 02904
Secretary Name MICHAEL AIUKLEJA			Treasurer Name CAMILLE M. NETTO		
Street Address P.O. BOX 8024			Street Address 2 BROWNE HILL COURT		
City CUMBERLAND	State RI	Zip 02864	City LINCOLN	State RI	Zip 02865
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 CAMILLE M. NETTO			Director Name KYLE MONGEAU		
Street Address 2 BROWNE HILL COURT			Street Address 1820 TARKLIN ROAD		
City LINCOLN	State RI	Zip 02865	City HARRISVILLE	State RI	Zip 02830
Director Name Thomas Connolly			Director Name		
Street Address 18 Dorothy Ave			Street Address		
City Providence	State RI	Zip 02904	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.					
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 CAMILLE M. NETTO				Date 1/28/2024	
Signature of Officer/Authorized Representative <i>Camille M. Netto</i>					

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov