RI SOS Filing Number: 202446712800 Date: 2/14/2024 4:00:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2024
Non-Profit Corporation
→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

FEB 14 2024
3325 02

1. Entity ID Number	2. Exact name of the Corporation
000026494	EAST GREENWICH VETERAN FIREMEN'S HOME CORPORATION
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: PRIVATE SOCIAL CLUB WHOSE MEMBERS SUPPORT FUNCTIONS THAT CONTRIBUTE TO VARIOUS CHARITIES
4. NAICS Code: 813990	

6. Principal Office Address	City	State	Zip
80 QUEEN ST.	EAST GREENWICH	RI	02818

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☒

President Name	Vice-President Name
DAVID PURVIS	EDWARD VIENS
Street Address: 165 RIVER FARM DR.	Street Address: 107 ENFIELD AVE
City: EA. GREENWICH State: RI Zip: 02818	City: PROVIDENCE State: RI Zip: 02908
Secretary Name	**Treasurer Name**
GENE CARPENTIERI	JAMES R. GOGGIN
Street Address: 184 CEDAR AVE	Street Address: 1 FOREST LANE
City: EA. GREENWICH State: RI Zip: 02818	City: EA. GREENWICH State: RI Zip: 02818

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☒

Director Name	Director Name
RICK LAPORT	BILL SIMONELLI
Street Address: 84 FOREST PARK DR.	Street Address: 310 HARRISON ST,
City: NO. KINGSTOWN State: RI Zip: 02852	City: NO. KINGSTOWN State: RI Zip: 02852
Director Name	**Director Name**
DANIEL O'TOOLE	CONRAD FUESZ
Street Address: 121 CHAPMAN AVE	Street Address: 21 LEIGHAS LANE
City: WARWICK State: RI Zip: 02886	City: COVENTRY State: RI Zip: 02816

9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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	Date
James R Goggin	2/8/24

Signature of Officer/Authorized Representative: James R. Goggin SIGN DOCUMENT HERE

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

FORM 631 - Revised: 11/2017

State of Rhode Island and Providence Plantations

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President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	FELIX COUTU			Director Name	RICHARD TELLIER		
Street Address	25 LAKE SHORE DR			Street Address	~~37 KEE~~ 423 MAPLE VALLEY RD		
City	EA. GREENWICH	State	RI	Zip	02818	City	COVENTRY	State	RI	Zip	02816
Director Name	JOSEPH ALLEN			Director Name	ED CHARBONEAU		
Street Address	219 LIBERTY RD			Street Address	55 KNOLLWOOD CIRCLE		
City	EXETER	State	RI	Zip	02822	City	NO. KINGSTOWN	State	RI	Zip	02852

9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

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Name of Officer/Authorized Representative	Date
JAMES R GOGGIN	2/8/24

Signature of Officer/Authorized Representative: James R Goggin SIGN DOCUMENT HERE

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