



**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.** 001729893

**2. Name of Corporation** PTSD Veterans Outreach Inc.

**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

624190

**4. Principal Office Address**

No. and Street: 217 AUBURN ST.

City or Town: CRANSTON

State: RI

Zip: 02910

Country: USA

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

PROVIDE SUPPORT FOR VETERANS AND THEIR FAMILIES WHO ARE FACING  
HARDSHIPS SUSTAINING OUR 3 BASIC NEED WHICH FOOD, CLOTHING, AND  
SHELTER. WE ALSO WILL PROVIDE A QUARTERLY NEWS LETTER WHICH WILL  
PROVIDE ARTICLES OF HELPFUL INFORMATION FOR VETERANS SUFFERING  
FROM SYMPTOMS OF PTSD.

**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<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|-----------|------------------------------------------------|------------------------------------------------------------|
| PRESIDENT | KEVIN TATE                                     | 217 AUBURN ST.<br>CRANSTON, RI 02910 UNI                   |
| PRESIDENT | KEVIN TATE                                     | 217 AUBURN ST.<br>CRANSTON, RI 02910 UNI                   |
| DIRECTOR  | KEVIN TATE                                     | 217 AUBURN ST.<br>CRANSTON, RI 02920 USA                   |
| DIRECTOR  | WINSTON TATE                                   | 1459 WESTFIELD ST.,<br>WEST SPRINGFIELD, MA 01089 USA      |
| DIRECTOR  | GLORIA TATE                                    | 436 N. MAIN ST., APT. 16<br>MANCHESTER, CT 06042 USA       |
| DIRECTOR  | LAUREN TATE                                    | 7 SPRINGHOUSE TRAIL UNIT# 301<br>SEEKONK, MA 02771 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

ROCKET LAWYER CORPORATE SERVICES LLC 222 JEFFERSON BOULEVARD, SUITE 200  
WARWICK , RI 02888

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

Signed this 17 Day of February, 2024 at 5:23:23 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 KEVIN TATE  
Signature of Authorized Person

Form No. 631  
Revised 09/07