**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.

FILED
MAR 21 2024
BY

| 1. Entity ID Number | 2. Exact name of the Corporation |
|---|---|
| 53459 | VIETNAM VETERANS OF AMERICA,CHAPTER 273 PROVIDE |
| 3. State of Incorporation: RHODE ISLAND | 5. Brief description of the character of business conducted in Rhode Island: TO honor and support Vietnam Veterans |
| 4. NAICS Code: 813990. | |

| 6. Principal Office Address | City | State | Zip |
|---|---|---|---|
| ONE CAPITAL HILL | PROVIDENCE | RI | 02908 |

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

| | | | | | |
|---|---|---|---|---|---|
| President Name: JOHN H WEISS | | | Vice-President Name: DONALD L. WEBB | | |
| Street Address: 111 BROWN AVE | | | Street Address: 96 FESCUE | | |
| City: JOHNSTON | State: RI | Zip: 02919 | City: WAKEFIELD | State: RI | Zip: 02879 |
| Secretary Name: BRIAN CARN | | | Treasurer Name: GERALD SHERMAN | | |
| Street Address: 16 FAIRLAWN STREET | | | Street Address: 161 HOLLAND STREET APT 103 | | |
| City: CRANSTON | State: RI | Zip: 02910 | City: CRANSTON | State: RI | Zip: 02910 |

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

| | | | | | |
|---|---|---|---|---|---|
| Director Name: JOHN H WEISS | | | Director Name: BRIAN CARN | | |
| Street Address: 111 BROWN AVE | | | Street Address: 16 FAIRLAWN STREET | | |
| City: JOHNSTON | State: RI | Zip: 02919 | City: CRANSTON | State: RI | Zip: 02910 |
| Director Name: Gerald Sherman | | | Director Name: | | |
| Street Address: 161 Holland St apt 103 | | | Street Address: | | |
| City: Cranston | State: RI | Zip: 02910 | 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 | Date |
|---|---|
| **JOHN H WEISS** | 3/11/24 |

Signature of Officer/Authorized Representative

FILED