

REC'D RIDOS BSD  
24 APR 26 PM 3:05:55State of Rhode Island  
Department of State - Business Services DivisionAnnual Report for the year: JAN 4 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.

1. Entity ID Number <u>000026432</u>		2. Exact name of the Corporation <u>Amvets Department of Rhode Island INC.</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>VETERANS PROGRAMS</u>	
4. NAICS Code <u>813990</u>			
6. Principal Office Address <u>1 Capitol Hill</u>		City <u>PROV</u>	State <u>RI</u>
		Zip <u>02903</u>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>ARTHUR E RODRIGUES</u>		Vice-President Name <u>DEKILIS LEMOIX</u>	
Street Address <u>112 ORIOLE AVE</u>		Street Address <u>224 PARKSIDE DR</u>	
City <u>PAWTUCKET</u>	State <u>RI</u>	City <u>PAWTUCKET</u>	State <u>RI</u>
Zip <u>02860</u>		Zip <u>02860</u>	
Secretary Name		Treasurer Name <u>ARTHUR E RODRIGUES</u>	
Street Address		Street Address <u>112 ORIOLE AVE</u>	
City	State	City <u>PAWTUCKET</u>	State <u>RI</u>
Zip <u>02860</u>		Zip <u>02860</u>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>DEKILIS LEMOIX</u>		Director Name <u>JANICE A RODRIGUES</u>	
Street Address <u>224 PARKSIDE DR</u>		Street Address <u>112 ORIOLE AVE</u>	
City <u>PAWTUCKET</u>	State <u>RI</u>	City <u>PAWTUCKET</u>	State <u>RI</u>
Zip <u>02860</u>		Zip <u>02860</u>	
Director Name <u>JOSEPH A DE ANGELIS</u>		Director Name	
Street Address <u>700 BENEFIT ST</u>		Street Address	
City <u>PAWTUCKET</u>	State <u>RI</u>	City	State
Zip <u>02861</u>		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 <u>ARTHUR E RODRIGUES</u>			Date <u>4/26/24</u>
Signature of Officer/Authorized Representative <u>ARTHUR E RODRIGUES</u>			FILED

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.govAPR 26 2024  
BY 3349X