



State of Rhode Island  
Department of State - Business Services Division

Annual 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.

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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>DENIIS leMeux</u>		
Street Address <u>112 ORIOLE AVE</u>			Street Address <u>224 PARKSIDE DR</u>		
City <u>PAWTUCKET</u>	State <u>RI</u>	Zip <u>02860</u>	City <u>PAWTUCKET</u>	State <u>RI</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	Zip	City <u>PAWTUCKET</u>	State <u>RI</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>DENIIS leMeux</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>	Zip <u>02860</u>	City <u>PAWTUCKET</u>	State <u>RI</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>	Zip <u>02861</u>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
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.gov

APR 26 2024  
BY 3BA9X