




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.

REC'D RIDOS BSD  
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1. Entity ID Number 000030958		2. Exact name of the Corporation Coventry Memorial Post # 9404 Veterans of Foreign Wars Inc			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island An a association for the betterment of Veterans and the Commuinty			
4. NAICS Code 813319					
6. Principal Office Address 29 South Main Street		City Coventry		State RI	Zip 02818
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Andrew Diomandes			Vice-President Name Chad Abei		
Street Address 6 1/2 Burgess Rd			Street Address 105 Massasoit Ave		
City Foster	State RI	Zip 02825	City Barrington	State RI	Zip 02806
Secretary Name Dennis Greco			Treasurer Name Alan R Beaumier		
Street Address 11 Enzo Dr			Street Address 20 Woodland Rd		
City Coventry	State RI	Zip 02816	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Kenneth Ethier			Director Name John Croft		
Street Address 166 Princeton Ave			Street Address 30 Monroe Dr		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Director Name Donald Hall			Director Name		
Street Address 102 Wisteria Dr			Street Address		
City Coventry	State RI	Zip 02816	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 <b>Alan R Beaumier</b>				Date <b>4/29/2024</b>	
Signature of Officer/Authorized Representative 					

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](http://www.sos.ri.gov)

APR 29 2024  
BY H9Q7J

KS

FORM 631- Revised 12/2023