



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
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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.

1. Entity ID Number 116338		2. Exact name of the Corporation Persian Gulf Veterans of Rhode Island			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To assist Disabled, needy War Veterans and members of the US Armed Forces and their Dependents Title 7-6			
4. NAICS Code 813910 Business					
6. Principal Office Address One Capital Hill		City Providence		State RI	Zip 02808
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John D Paquin			Vice-President Name Betty Ann Perry		
Street Address 432 Providence Street			Street Address 20 Harding Avenue		
City Woonsocket	State RI	Zip 02895	City Riverside	State RI	Zip 02915
Secretary Name Brenda Gomez			Treasurer Name		
Street Address PO Box 9105			Street Address		
City Warwick	State RI	Zip 02889	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Betty Ann Perry			Director Name Brenda Gomez		
Street Address 20 Harding Ave			Street Address PO Box 9105		
City Riverside	State RI	Zip 02915	City Warwick	State RI	Zip 02889
Director Name John d. paquin			Director Name		
Street Address 432 Providence St			Street Address		
City Woonsocket	State RI	Zip 02895	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 Brenda Gomez, Sec					Date April 30, 2024
Signature of Officer/Authorized Representative <i>Brenda Gomez</i>					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 30 2024
BY *T8K4V*