



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023

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 001738714		2. Exact name of the Corporation American Colonials			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Veteran Charity Organization			
4. NAICS Code 813410		Raise money for Veterans and community			
6. Principal Office Address 324 Stone Barn Road			City Pascoag	State RI	Zip 02859
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Brian Remillard			Vice-President Name Ian Kennett		
Street Address 285 Railroad Street			Street Address 324 Stone Barn Road		
City Manville	State RI	Zip 02838	City Pascoag	State RI	Zip 02859
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	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 Brian Remillard			Director Name Ian Kennett		
Street Address 285 Railroad Street			Street Address 324 Stone Barn Road		
City Manville	State RI	Zip 02838	City Pascoag	State RI	Zip 02859
Director Name Jennifer Kennett			Director Name		
Street Address 324 Stone Barn Road			Street Address		
City Pascoag	State RI	Zip 02859	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.					
<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 Brian Remillard					Date 6/18/24
Signature of Officer/Authorized Representative <i>Brian Remillard</i>					

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY mv521
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