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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024 Amended
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	2. Exact name of the Corporation
0000 27742	EUGENE T. LEFEBVRE POST 1271 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
RI	organization assisting veterans.
4. NAICS Code	
813319	

6. Principal Office Address	City	State	Zip
82 WEEKS ST	CUMBERLAND	RI	02864

Check the box to indicate an attachment ☐

7. List ALL officers (names and addresses)

President Name	Vice-President Name
JOSEPH JANEIRO	
Street Address	**Street Address**
ONE CAPITOL HILL	
City / State / Zip	**City / State / Zip**
PROVIDENCE / RI / 02908	
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 ☐

Director Name	Director Name
WALTER FRICKE	BRAD DONNELLY
Street Address	**Street Address**
68 OAK STREET	15 SKYSAIL CT
City / State / Zip	**City / State / Zip**
WESTERLY / RI / 02891	JAMESTOWN / RI / 02835
Director Name	**Director Name**
JOSEPH JANEIRO	
Street Address	**Street Address**
ONE CAPITOL HILL	
City / State / Zip	**City / State / Zip**
PROVIDENCE / RI / 02908	

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	Date
BRAD DONNELLY	08/30/2024

Signature of Officer/Authorized Representative

FILED

AUG 30 2024

BY 229

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

FORM 631- Revised: 04/2023

State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

August 30, 2024 02:29 PM

Gregg M. Amore
Secretary of State