



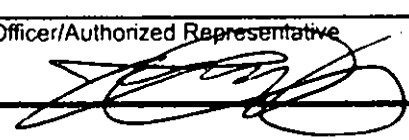
State of Rhode Island
Department of State - Business Services Division

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
24 OCT 31 AM 11:12:24

1. Entity ID Number 000092070		2. Exact name of the Corporation Bristol Veterans Council			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To maintain a unified group of all veterans organizations in the town of Bristol			
4. NAICS Code 813319					
6. Principal Office Address 14 Elmwood Ct			City Warren	State RI	Zip 02885
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Wally Coelho			Vice-President Name Karl Antonevich		
Street Address 162 King Philip Street			Street Address 1215 Hope Street		
City Portsmouth	State RI	Zip 02871	City Bristol	State RI	Zip 02809
Secretary Name Joseph Diniz			Treasurer Name Joseph Diniz		
Street Address 14 Elmwood Ct			Street Address 14 Elmwood Ct		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Wally Coelho			Director Name Karl Antonevich		
Street Address 162 King Philip St			Street Address 1215 Hope Street		
City Portsmouth	State RI	Zip 02871	City Bristol	State RI	Zip 02809
Director Name Joseph Diniz			Director Name		
Street Address 14 Elmwood Ct			Street Address		
City Warren	State RI	Zip 02885	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Joseph Diniz				Date OCT 31 2024	
Signature of Officer/Authorized Representative 				BY AK142 1120 K3	

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