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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.

1. Entity ID Number	2. Exact name of the Corporation
000092070	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	City	State	Zip
14 Elmwood Ct	Warren	RI	02885

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Wally Coelho	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	Director Name
Wally Coelho	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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly authorized Representative, Receiver or Trustee.

FILED

Name of Officer/Authorized Representative	Date
Joseph Diniz OCT 31 2024	**10/11/2024**

Signature of Officer/Authorized Representative

BY AK1y2

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MAIL TO:
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