RI SOS Filing Nu	mber: 202460	921040 Da	ate: 10/31/2024 11:15:00 A	۱M.	
State of Rhode Island Department of Sta	te - Business	s Services Di	vision	REC'D RI	
Annual Report for the year: 2019) RIDOS BSD 31 AM11:12:35	
Non-Profit Corporation				1:1 1:1	
→ Filing period: February 1 - May 1 → Filing Fee: \$20.00		25			
Penalty: Additional \$25.00 fee if	form is not filed by N 2. Exact name of				
1. Entity ID Number 000092070	Bristol Veterans Council				
3. State of Incorporation Rhode Island 4. NAICS Code	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				
6. Principal Office Address	L. _V		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 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 a	ddresses). Rl Corp	porations MUST li	st at least THREE directors. Check t	he box to indicate a	n attachment
Director Name Wally Coelho			Oirector 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 Informati	on of record with th	ne RI Department	of State is accurate. Changes requi	re filing Form 641	J.
statements, and that all stateme	ents contained he	rein are true and			
This report must be signed by either the Pro	sident, Vice-President,	Secretary, Assistant S	ecretery, Treasurer, duly Authonzed Represen	I	stee
Name of Officer/Authorized Representative Joseph Diniz			FILED	10/11/2024	
Signature of Officer/Authorized Re	preseptative)	OCT 31 2024		
MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhod	le Island 02904-2615	>	BY /1-1-94	R	

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.n.gov