RI SOS Filing Nu	mber: 202460	921220 Da	ate: 10/31/2024 11:14:00 A	.M	
State of Rhode Island Department of State - Business Services Division				REC'D RIG	
Annual Report for the year: Non-Profit Corporation → Filing period: February 1 - May 1 → Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if:	· · · · · · · · · · · · · · · · · · ·			O RIDOS BSD 31 AM11:12:35	
1. Entity ID Number 000092070	2. Exact name of the Corporation 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 14 Elmwood Ct			City Warren	State R1	Zip 02885
7. List ALL officers (names and add	Iresses)		Check the box to indicate an attachment		
President Name Wally Coelho			Vico-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). RI Com		st at least THREE directors.	e box to indicate en a	ettachment
Director Name Wally Coelho			Director Name Karl Antonevich		
Street Address 162 King Philip St			Street Address 1215 Hope Street		
City Portsmouth	State RI	^{Zıp} 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
			of State is accurate. Changes require		
Under penalty of periury, I decide	re and affirm that	I have examined	d this report, including any accom	panying schedule	es 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

Signature of Officer/Authorized Representative

OCT 31 2024

FILED

MAIL TO:

Division of Business Services

Joseph Diniz

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov 10/11/2024