RI SOS Filing Number: 202461650840 Date: 12/16/2024 2:41:00 PM

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State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year:	2024			a . L -			
Non-Profit Corporation → Filing period: February 1 - May 1 → Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if	The form is not filed	United State	es of America gro nternational Society	formillary awof war	C 16 PM 2:		
1. Entity ID Number 001748557	2. Exact name of the Corporation U.S. Group of the Int'l Society for Military Law and Law of War						
3. State of Incorporation Rhode Island 4. NAICS Code § 13920	5. Brief description of the character of business conducted in Rhode Island Non-Profit U.S. chapter of the International Society for Military Law and Law of War. The U.S. Group conducts discussions, panels, research, and study of international law, law of war, and law of maritime operations.						
6. Principal Office Address 200 Center View Drive			City Portsmouth	State RI	Zip 02871		
7. List ALL officers (names and add	lresses)			eck the box to indicate a	attachment		
President Name Eric Jensen			Vice-President Name Michael Meier				
Street Address 463 E NORMANDY DR		Street Address 122 Hickory Circle SW					
City Provo	State UT	^{Zip} 84604	^{City} Vienna	State VA	Zip 22180		
Secretary Name Todd Huntley		Treasurer Name John Cherry					
Street Address 466 Ponton Lane		Street Address 200 Center View Drive					
City Lovingston	State VA	^{Zip} 22949	City Portsmouth	State RI	Zip 02871		
8. List ALL directors (names and ad	ldresses). RI C	orporations MUST I		neck the box to indicate a	n attachment		
Director Name Eric Jensen		Director Name Michael Meier					
Street Address 463 E Normandy Drive			Street Address 122 Hickory Circle SW				
City Provo	State UT	^{Zip} 84604	^{City} Vienna	State VA	Zip 22180		
Director Name Todd Huntley		Director Name					
Street Address 466 Ponton Lane		Street Address					
City Lovingston	State VA	^{Zip} 22949	City	State	Zip		
9. The Registered Agent informatio	n of record with	the RI Department	of State is accurate. Changes r	require filing Form 641			
Under penalty of perjury, I declar statements, and that all statemen				ccompanying sched	iles and		
This report must be signed by either the Pres		nt, Secretary, Assistant S	ecretary, Treasurer, duly Authorized Rep.	resentative, Receiver or Tru:	it es .		
Name of Officer/Authorized Repres	entative			Date]		
John Cherry			12/10/202	24			
Signature of Officer/Authorized Representative			(9-0)	FILED			
				i			

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov RI DOS MADE NON-SUBSTANTIVE EDITS

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