RI SOS Filing Number: 202562694310 Date: 1/16/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
JAN 16 2025
BY 360881

Annual Report for the year: 2025
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
000030958	Coventry Memorial Post # 9404 Veterans of Foreign Wars Inc
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: An a association for the bettermentof Veterans and the Community
4. NAICS Code: 813319	

6. Principal Office Address	City	State	Zip
29 South Main St P.O. Box 997	Coventry	RI	02816

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

President Name: Andrew Diomandes			Vice-President Name: Chad Abel		
Street Address: 6 1/2 Burgess Rd			Street Address: 105 Massasoit Ave		
City: Foster	State: RI	Zip: 02825	City: Barrington	State: RI	Zip: 02806
Secretary Name: Alan R Beaumier			Treasurer Name: Alan R Beaumier		
Street Address: 20 Woodland Rd			Street Address: 20 Woodland Rd		
City: East Greenwich	State: RI	Zip: 02818	City: East Greenwich	State: RI	Zip: 02818

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Kenneth Ethier			Director Name: John Croft		
Street Address: 166 Princeton Ave			Street Address: 30 Monroe Dr		
City: Coventry	State: RI	Zip: 02816	City: Coventry	State: RI	Zip: 02816
Director Name: Donald Hall			Director Name:		
Street Address: 102 Westeria Dr			Street Address:		
City: Coventry	State: RI	Zip: 02816	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.

Name of Officer/Authorized Representative	Date
ALAN R BEAUMIER	1-15-2025

Signature of Officer/Authorized Representative: Alan R Beaumier

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

FORM 631- Revised: 12/2023