



State of Rhode Island
Department of State - Business Services Division

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.

FILED

JAN 21 2025

BY

1. Entity ID Number 000053459		2. Exact name of the Corporation VIETNAM VETERANS OF AMERICA CHAPTER 273	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO HONOR AND SUPPORT VIETNAM VETERANS AND THEIR FAMILIES	
4. NAICS Code 99999			
6. Principal Office Address 290 JOHN FRANKLIN RD		City HOPE	State RI
			Zip 02831
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name JOHN WEISS		Vice-President Name DON WEBB	
Street Address 111 BROWN AVE		Street Address 95 FESCUE LANE	
City JOHNSTON	State RI	City WAKEFIELD	State RI
	Zip 02919		Zip 02879
Secretary Name HOWARD TURNER		Treasurer Name LEO SAUCIER	
Street Address 34 NEEKICK RD.		Street Address 290 JOHN FRANKLIN RD.	
City E. GREENWICH	State RI	City HOPE	State RI
	Zip 02818		Zip 02831
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Don webb		Director Name Leo Saucier	
Street Address 95 Fescue Lane		Street Address 290 John Franklin Rd	
City Wakefield	State RI	City Hope	State RI
	Zip 02879		Zip 02831
Director Name John Weiss		Director Name	
Street Address 11 Brown Ave		Street Address	
City Johnston	State RI	City	State
	Zip 02919		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 LEO SAUCIER			Date 1-17-25
Signature of Officer/Authorized Representative <i>[Signature]</i>			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov