



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.

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1. Entity ID Number 000099391		2. Exact name of the Corporation SEABEE VETERANS of AMERICA ISLAND X-1 RI	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island VETERANS ORGANIZATION	
4. NAICS Code 813410			
6. Principal Office Address 56 SUNSET AVENUE		City PROVIDENCE	State RI
		Zip 02909	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name THOMAS S. CURRAN		Vice-President Name	
Street Address 56 SUNSET AVENUE		Street Address	
City PROVIDENCE	State RI	City	State
Zip 02909		Zip	
Secretary Name LAURIE TAYLOR-CURBY		Treasurer Name EDWARD R. WEIKMAN JR	
Street Address 3 ANDORRA LANE		Street Address 654 HOPKINS HILL ROAD	
City HINGHAM	State MA	City W. GREENWICH	State RI
Zip 02043		Zip 02817	
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 ROBERT W. SCHWAB		Director Name KENNETH PAIVA	
Street Address 24 SURREY LANE		Street Address 428 PROVIDENCE STREET	
City N. KINGSTOWN	State RI	City W. WARWICK	State RI
Zip 02852		Zip 02893	
Director Name KENNETH A. SENKER		Director Name	
Street Address 92 EDMOND DRIVE		Street Address	
City N. KINGSTOWN	State RI	City	State
Zip 02852		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 EDWARD R. WEIKMAN JR		Date FEB 03 2025	
Signature of Officer/Authorized Representative <i>Edward R. Weikman Jr</i>		BY ESN27	