RI SOS Filing Number: 202564371750 Date: 2/4/2025 4:00:00 PM

State of Rhode Island Department of State - Business Services Division				REC'D R 25 FEB 4	
Annual Report for the year:	202	5		RIDOS 4 FA2:	
Non-Profit Corporation	<u> </u>	<u> </u>		N:35	
Filing period: February 1 - May 1				57.00	
→ Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if	form is not filed by	May 31		8SD 16:40	
1. Entity ID Number	2. Exact name of				
001673440		·	Veterans Cour	204	
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island				
C1	o, and description of the districtor of pastices estimated in throat latera				
	To aid and assist veterans				
4. NAICS Code	in ne		. , , , , , , , , , , , , , , , , , , ,	.113	
813319	110000	eech.			
6. Principal Office Address			City	State	Zip
1 - 1	20.00		Johnston	Ri	02819
			<u>.</u>		
7. List ALL officers (names and add			· · · · · · · · · · · · · · · · · · ·	he box to indicate ar	attachment
President Name Richard A. Mende			Vice-President Name  Rober+  G.	Jaworsk	1
Street Address			Cirnot Address		
5 Watson Avenue			12 Boulevard Avenue		
Johnston	State	2ip	City Lincoln	State R (	02865
Secretary Name			Treasurer Name		100:3
Margaret L.	walsh	Mangaret L. Walsh			
Street Address 311 Hardig Road Apt. B209			Street Address 311 Handig Rd Apt Bas		
	<del>`</del>	<del></del>		<del> </del>	<del></del>
City	State R I	2ip 07886	City Warwick	State R \	2ip O288
8. List ALL directors (names and a	ddresses). RI Corp				
			Check	the box to indicate a	n attachment
Director Name Charles H. Compton			Director Name		
Street Address			Street Address		
26 Russel	Lane		63 ENFIELD DR		
City Smith Field	State	Zip 02917	west worwick	State R	Zip 0分893
Director Name			I Director Name		
Albert N. Golato			William Feild		
Street Address 85 ORchard Meadows DR.			Street Address 92 Bolton Ave		
city Smithfield	State R \	Zip 02917	city Providence	State R	Zip 0298
0.71.70.11.11					

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

Signature of Officer/Authorized Representative

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov BY BWNQJ