State of Rhode Island

Department of State - Business Services Division

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Annual	Report	for	the	year:
Non De	ofit Co.		-41-	_

2025

→ Filing period: February 1 - May 1 → Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if	form is not filed by t	May 31.		8SD 15:40				
1. Entity ID Number	2. Exact name of	-· ·	·-	<u> </u>	-			
001673440	Korean War Veterans Council							
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island							
RI								
4. NAICS Code	To aid and assist veterans							
813319	in ve	ed.						
6. Principal Office Address			City	State	Zip			
5 Watson Avenue			Johnston	Ri	028/19			
7. List ALL officers (names and add	iresses)		Check the box to indicate an attachment					
President Name Richard A. Mende			Vice-President Name Robert G. Jaworski					
Street Address 5 Wotson Avenue			Street Address 12 Boulevard Avenue					
Johnston	State R	21p	City LINCOLN	State R (2ip 02865			
- · · · · · · · · · · · · · · · · · · ·			Treasurer Name Mangaret L. Walsh					
Street Address 311 Handig Road	t Address			Street Address Rd Apt Bacs				
City	State R I	Zip 02886	city Warwick	State R \	Zip ○28 8 6			
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.								
Director Name	· - ·	 	Director Name	box to indicate an a	machment			
Charles F	t. Compt	00	Gus tage					
Street Address 26 Russell	Lane	<u>-</u>	Street Aridress 63 ENFIELD	DR.				
city Smith Field	State 2 (Zip 02917	west worwick	State (2)	zip 02893			
Director Name ALbert N. Golato Director Name William Feild								
Street Address RE COLLARD MEADOWS DR.			Street Address 92 Bolton Ave					
city Smithfield	State R \	^{Zig} 02917	civ Providence	State RI	20 0298			
9. The Registered Agent information			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								
Margaret L. U				2/4/20	D			
Signature of Officer/Authorized Rep	presentative		FILED 2:16	-				
margaret &	wash							

MAIL TO:

Division of Business Services

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

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