RI SOS Filing Nu	mber: 20256	5080930	Date: 2/18/2025 12:11:0	00 PM		
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State of Rhode Island Department of State - Business Services Division					######################################	
Annual Report for the year:	2029				F (D)	
Non-Profit Corporation				: (
→ Filing period: February 1 - May 1 → Filing Fee: \$20.00					0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
→ Penalty: Additional \$25,00 fee if	form is not filed by	May 31.			<u> </u>	
Entity ID Number	2. Exact name of the Corporation					
\$\$\$\$5	SENIOR ENLISTED ALADEMY ALUMNI ASSOCIATION					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
RHODE ISLAND	MILITAR	4 ASSBCIA	TION CREANIZATION			
4. NAICS Code	1					
1011310						
6. Principal Office Address			City	State	Zip	
			NEWYORT	ICI.	02841	
1269 ELLIDT AVE 7. List ALL officers (names and addresses)				eck the box to indicate a		
President Name	iresses)		Vice-President Name	eck the box to indicate a	an anachment	
WILLIAM PETERSON			TONY CERCARA			
Street Address 1269 ELLIOT AVE			Street Address 12 69 ELLIOT	Anse		
City	State	Zip	City	State RI	Zip	
NEWPORT	KI	92841	NEWPORT	KT_	Ø2841	
Secretary Name			Treasurer Name	72		
Street Address			Street Address			
Car	State	Zip	1269 ELLIOT	AVE	Zip	
City	State	Zip	NEW PORT	State	92841	
8. List ALL directors (names and ac	idresses). RI Corp	orations MUST li				
			Director Name	eck the box to indicate	an attachment	
Director Name VERONICA HOLLIDAY			GEORGE CHESNEY			
Street Address			Street Address			
1269 ELLIOT AVE	State	Zip	1269 ELLIDT	State	Zip	
City NEW PORT	State &	02841	NEW PORT	State 127	\$2841	
Director Name			Director Name		 :	
CARL GERHARD Street Address			Street Address			
1269 ELLIOT AUX	7	,	0.00.7			
CITY NEWPORT	State C.T.	Zip GZ BY \	City	State	Zip	
9. The Registered Agent Informatio	<u> </u>	 	of State is accurate. Changes re	equire filing Form 64	1.	
Under penalty of perjury, I declar statements, and that all statemen				companying sched	lules and	
This report must be signed by either the Pres				esentative, Receiver or Tri	ustee	
Name of Officer/Authorized Representative				Date		

MAIL TO: Division of Business Services

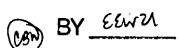
148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Signature of Officer/Authorized Representative

Website: www.sos.ri.gov

FEB 18 2025

FILED 12:4



2/18/25

INC.