

State of Rhode Island Department of State - Business Services Division

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| Annual | Report | for the | year: |
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| → Fining Fees 220.00 → Penalty Additional \$25.00 fee if form is not filed by May 31. 1. Entity ID Number ### Depart | Non-Profit Corporation | | | | 7 (· · ·) | ସମ୍ପ୍ରତିକ । ଅଧିକ ୍ରତ୍ୟ | | |
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| Peranty Additional \$25,00 feel if form is not hield by May 31. | Filing period: February 1 - May 1 | | | | | <u>Q</u> | | |
| 1. Entity ID Number ### Doc PRES 3. State of Incorporation ### RHODE SLAND 4. NAICS Code Q ### Q ### Q ### President Name ### President Name ### President Name ### President Name ### President Name ### President Name ### President Name ### President Name ### President Name ### President Name | | orm is not filed by | May 31. | | | | | |
| 5. Brief description of the character of business conducted in Rhode Island RHODE ISLAND 4. NAICS Code | | | | | | | | |
| RHODE SLAND 4 NAICS Code O | \$\$\$\$5 | SENIO | R ENLIST | ED ALADEMY | ALUMNI ASS | MOTTATION | | |
| RHODE ISLAND 4 NAICS Code (2 1 3 1 0) 6. Principal Office Address | 3. State of Incorporation | 5. Brief description of the character of business conducted in Rhode Island | | | | | | |
| 4. NAICS Code O State Zip | RHODE ISLAND | MILITAR | Y ASSOCIA. | TION CREANIZATION | | | | |
| 6. Principal Office Address City State Zip QZ QZ QZ QZ QZ QZ QZ Q | | | | | | | | |
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| 7. List ALL officers (names and addresses) President Name NILLIAM PETERSON Street Address 12 Lo G ELLIOT AVE City NEW PORT State City NEW PORT State City State City NEW PORT State City NEW PORT State City NEW PORT State City NEW PORT City State City NEW PORT | 6. Principal Office Address | | | City | State | Zip | | |
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| Street Address 12 Lo G ELLIOT AVE City State PT 20 MINE PORT PT | 7. List ALL officers (names and addr | resses) | | Check the box to indicate an attachment | | | | |
| Street Address 72 log ELLIOT AVE State Zip NEW PORT RT QZ Secretary Name Treasurer Name JOHN SCHULTZ Street Address Street Address T2 log ELLIOT AVE City State Zip City NEW PORT RT Zip QZ 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attache Director Name NERCONICA HOLLIDAY Director Name GFORGE CHESNEY Street Address T2 log ELLIOT AVE City State Zip City State Zip City State Zip NEW PORT RT City State Zip NEW PORT RT Director Name GREHARD Director Name CARL GERHARD Street Address T2 log ELLIOT AVE City State Zip State Zip NEW PORT RT Director Name CARL GERHARD Director Name CARL GERHARD State Zip City State Zip NEW PORT State Zip City State Zip P. The Registered Agent information of record with the RI Department of State is accurate. Changes require filling Form 641. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and state NEW PORT State Zip City State Zip Output Port State Zip City State Zip City State Zip Output Port State Zip City State Zip City | | | | | | | | |
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| State Zip City NEW PORT State Zip City NEW PORT State RI Zip Q 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attache City New Port RI State City New Port RI Sta | Street Address | | | Street Address | | | | |
| Check the box to indicate an attache Director Name VERDULCA HOLLIDAY Street Address 1269 ELLIDT AVE City NEW PORT Director Name CARL GERHARD Street Address 1269 ELLIDT AVE City NEW PORT Director Name CARL GERHARD Street Address 1269 ELLIDT AVE City NEW PORT State Zip City NEW PORT State Zip City NEW PORT State Zip O'Company of Portion of record with the RI Department of State is accurate. Changes require filling Form 641. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and | City | State | Zip | City | State | Zip Q2841 | | |
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| | | | | of State is accurate. Changes i | equire filing Form 64 | 1. | | |
| SIGNATURED S. GOVERNAL BUL SIGNATURED S. L. LICAGORIO COROLLAR A COROLLAR AL L. | | | | | ccompanying sched | lules and | | |
| This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee | <u></u> | | | | resentative, Receiver or Tru | istee | | |
| Name of Officer/Authorized Representative Date | Name of Officer/Authorized Represe | entative | | | Date | | | |
| JIMME CARTER 2/18/25 | JIMME CARTER | | | | 2/18/ | 25 | | |
| Signature of Officer/Authorized Representative FILED 12:4 | Signature of Officer/Authorized Repre | esentative | | FILED 12-4 | | | | |
| MAIL TO: FEB 1 8 2025 | | 7_ | _ | FFR 1 9 2025 | | | | |

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

Website: www.sos.ri.gov



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