



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023

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.

RECD
FEB 18 2025
12:10:00 PM

1. Entity ID Number <u>000068885</u>		2. Exact name of the Corporation <u>SENIOR ENLISTED ACADEMY ALUMNI ASSOCIATION, INC.</u>	
3. State of Incorporation <u>RHODE ISLAND</u>		5. Brief description of the character of business conducted in Rhode Island <u>MILITARY ASSOCIATION ORGANIZATION</u>	
4. NAICS Code <u>611310</u>			
6. Principal Office Address <u>1269 ELLIOT AVE</u>		City <u>NEWPORT</u>	State <u>RI</u> Zip <u>02841</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>WILLIAM PETERSON</u>		Vice-President Name <u>TONY CERCARA</u>	
Street Address <u>1269 ELLIOT AVE</u>		Street Address <u>1269 ELLIOT AVE</u>	
City <u>NEWPORT</u>	State <u>RI</u>	Zip <u>02841</u>	City <u>NEWPORT</u> State <u>RI</u> Zip <u>02841</u>
Secretary Name		Treasurer Name <u>JOHN SCHULTZ</u>	
Street Address		Street Address <u>1269 ELLIOT AVE</u>	
City	State	Zip	City <u>NEWPORT</u> State <u>RI</u> Zip <u>02841</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name <u>VERONICA HOLLIDAY</u>		Director Name <u>GEORGE CHESNEY</u>	
Street Address <u>1269 ELLIOT AVE</u>		Street Address <u>1269 ELLIOT AVE</u>	
City <u>NEWPORT</u>	State <u>RI</u>	Zip <u>02841</u>	City <u>NEWPORT</u> State <u>RI</u> Zip <u>02841</u>
Director Name <u>CARL GERHARD</u>		Director Name	
Street Address <u>1269 ELLIOT AVE</u>		Street Address	
City <u>NEWPORT</u>	State <u>RI</u>	Zip <u>02841</u>	City <u>NEWPORT</u> State <u>RI</u> Zip <u>02841</u>
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 <u>JIMME CARTER</u>			Date <u>2/18/25</u>
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

FILED 12:10

FEB 18 2025

BY EEW21