RI SOS Filing Number: 202567183800 Date: 3/13/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
MAR 13 2025
BY 130

Annual Report for the year: 2025
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.

1. Entity ID Number	2. Exact name of the Corporation
001743436	Pawtucket Veterans Council
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Veterans helping Veterans
4. NAICS Code: 923140	

6. Principal Office Address	City	State	Zip
58 Flint St.	Pawtucket	R. I.	02861

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: John P. Gallo			Vice-President Name: George Gerrard		
Street Address: 453Grotto Ave.			Street Address: 867 Cottage ST.		
City: Pawtucket	State: R. I.	Zip: 02860	City: Pawtucket	State: R. I.	Zip: 02861
Secretary Name: John P. Gallo			Treasurer Name: Joseph F. Shottek Jr.		
Street Address: 453 Grotto Ave.			Street Address: 58 Flint St.		
City: Pawtucket	State: R. I.	Zip: 02860	City: Pawtucket	State: R. I.	Zip: 02861

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Kenneth R. LaFountaine			Director Name: Armand Dame		
Street Address: 48 Colombus Ave.			Street Address: Cottage St.		
City: Pawtucket	State: R. I.	Zip: 02860	City: Pawtucket	State: R. I.	Zip: 02861
Director Name: Stephan Doherty			Director Name:		
Street Address: 10 Osage Dr.			Street Address:		
City: Middletown	State: R. I.	Zip: 02842	City:	State:	Zip:

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	Date
Joseph F. Shottek Jr.	**3/10/25**

Signature of Officer/Authorized Representative

Joseph F. Shottek Jr.

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631- Revised: 12/2023