



State of Rhode Island
Department of State - Business Services Division

FILED

MAR 13 2025

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.



BY 130

1. Entity ID Number 001743436		2. Exact name of the Corporation 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 58 Flint St.		City Pawtucket		State R. I.	Zip 02861
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John P. Gallo			Vice-President Name George Gerrard		
Street Address 453 Grotto 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 <input type="checkbox"/>					
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 Joseph F. Shottek Jr.				Date 3/10/25	
Signature of Officer/Authorized Representative 					

MAIL TO:
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