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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025 - Amend
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
000026191	HARVOIS-BARNABE-ARL AMVETS CLUB
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
RI	VETERANS MEETING + FUNCTIONS
4. NAICS Code	
813410	

6. Principal Office Address	City	State	Zip
842 SOCIAL ST BRIAN CAMARA	WOONSOCKET	RI	02895

Check the box to indicate an attachment ☐

7. List ALL officers (names and addresses)

President Name	Vice-President Name
BRIAN CAMARA	JOSEPH JANEIRO
Street Address: 192 Wood AVE	Street Address: 82 WEEK ST
City: WOONSOCKET State: RI Zip: 02895	City: CUMBERLAND State: RI Zip: 02864
Secretary Name	**Treasurer Name**
MICHAEL MARCOTTE	LEO TURGEON
Street Address: 842 SOCIAL ST	Street Address: 172 RUTLAND ST
City: WOONSOCKET State: RI Zip: 02895	City: WOONSOCKET State: RI Zip: 02895

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.

Check the box to indicate an attachment ☐

Director Name	Director Name
LEO TURGEON	DANA DILLON
Street Address: 172 RUTLAND ST	Street Address: 24 EAST ST
City: WOONSOCKET State: RI Zip: 02895	City: STAFFORD SPRING State: CT Zip: 06076
Director Name	**Director Name**
JOSEPH JANEIRO	BRIAN CAMARA
Street Address: 82 WEEK ST	Street Address: 192 WOOD AVE
City: CUMBERLAND State: RI Zip: 02864	City: WOONSOCKET State: RI Zip: 02895

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
BRIAN CAMARA	3-31-25

Signature of Officer/Authorized Representative: B. Camara

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
MAR 31 2025
BY

FORM 631- Revised: 12/2023

State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

March 31, 2025 02:05 PM

Gregg M. Amore
Secretary of State