



State of Rhode Island
Department of State - Business Services Division

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.

REC'D RI SOS 350
MAR 31 2025 3:03 PM

1. Entity ID Number <u>000026437</u>		2. Exact name of the Corporation <u>AMVETS Department of Rhode Island Inc.</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>AMVETS is a non-partisan volunteer-led organization formed by world war II veterans and current veterans that advocate for their rights</u>	
4. NAICS Code <u>813990</u>			
6. Principal Office Address <u>1 Capitol Hill</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02903</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Dana M. Dillon</u>		Vice-President Name <u>Joseph R. Janeiro</u>	
Street Address <u>24 EAST ST</u>		Street Address <u>82 weeks ST</u>	
City <u>Stafford Springs</u>	State <u>CT</u>	City <u>Cumberland</u>	State <u>RI</u>
Zip <u>06076</u>		Zip <u>02864</u>	
Secretary Name <u>Albert Duff</u>		Treasurer Name	
Street Address <u>26 Foster St</u>		Street Address	
City <u>Danielson</u>	State <u>CT</u>	City	State
Zip <u>06239</u>		Zip	
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 <u>Joseph R. Janeiro</u>		Director Name <u>Dana M. Dillon</u>	
Street Address <u>82 Weeks St</u>		Street Address <u>24 EAST ST</u>	
City <u>Cumberland</u>	State <u>RI</u>	City <u>Stafford Springs</u>	State <u>CT</u>
Zip <u>02864</u>		Zip <u>06076</u>	
Director Name <u>Albert Duff</u>		Director Name	
Street Address <u>26 Foster St</u>		Street Address	
City <u>Danielson</u>	State <u>CT</u>	City	State
Zip <u>06239</u>		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 <u>[Signature]</u>			Date <u>3/31/2025</u>
Signature of Officer/Authorized Representative <u>Joseph R. Janeiro</u>			<u>MAR 31 2025</u>

MAIL TO:
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Website: www.sos.ri.gov

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