



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.

1. Entity ID Number <u>000081926</u>		2. Exact name of the Corporation <u>AMVETS POST 37 Department of RI</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>A military organization consisting of veterans of WWII, Korean War, and Vietnam War.</u>	
4. NAICS Code <u>813990</u>			
6. Principal Office Address <u>112 Oniole Ave.</u>		City <u>Pawtucket</u>	State <u>RI</u> Zip <u>02860</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>David Enos</u>		Vice-President Name <u>Joseph P. Janeiro</u>	
Street Address <u>30 Franklin St</u>		Street Address <u>82 weeks st</u>	
City <u>Bristol</u>	State <u>RI</u>	Zip <u>02809</u>	City <u>Cumberland</u> State <u>RI</u> Zip <u>02864</u>
Secretary Name <u>Albert Duff</u>		Treasurer Name <u>Dana M Dillon</u>	
Street Address <u>26 Foster St</u>		Street Address <u>24 EAST ST</u>	
City <u>Danielson</u>	State <u>CT</u>	Zip <u>06239</u>	City <u>Stafford Springs</u> State <u>RI</u> Zip <u>06076</u>
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 P. 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>	Zip <u>02864</u>	City <u>Stafford Springs</u> State <u>CT</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>	Zip <u>06239</u>	City <u></u> State <u></u> Zip <u></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>Joseph P. Janeiro</u>		FILED	Date <u>3/31/2025</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>			

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

MAR 31 2025
BY VALEN6
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