



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.

AMENDMENT

1. Entity ID Number <u>000030630</u>		2. Exact name of the Corporation <u>Post No. 33, 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 WWII veterans that advocates for benefits and rights as veterans</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address <u>474 Winthrop St</u>		City <u>Rehoboth</u>	State <u>MA</u>
		Zip <u>01789</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>			
President Name <u>Charles Morpin</u>		Vice-President Name <u>Kenneth Brown</u>	
Street Address <u>21 Ruth St, Pawtucket, RI</u>		Street Address <u>45 East Ave, Apt 1602, Pawtucket</u>	
City <u>Pawtucket</u>	State <u>RI</u>	City <u>Pawtucket</u>	State <u>RI</u>
Zip <u>02860</u>		Zip <u>02860</u>	
Secretary Name		Treasurer Name <u>John Carr</u>	
Street Address		Street Address <u>474 Winthrop St</u>	
City	State	City <u>Rehoboth</u>	State <u>MA</u>
Zip		Zip <u>01789</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>Dana Dillon</u>		Director Name <u>Thomas White</u>	
Street Address <u>24 East St</u>		Street Address <u>40 Williston Way</u>	
City <u>Stafford Springs</u>	State <u>CT</u>	City <u>Pawtucket</u>	State <u>RI</u>
Zip <u>06076</u>		Zip <u>02860</u>	
Director Name <u>Joseph R. Janiero</u>		Director Name <u>John McCormiskey</u>	
Street Address <u>82 Weeks St</u>		Street Address <u>127 Amistick Blvd</u>	
City <u>Cumberland</u>	State <u>RI</u>	City <u>Pawtucket</u>	State <u>RI</u>
Zip <u>06739</u>		Zip <u>02860</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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative <u>Joseph R. Janiero</u>		FILED	Date
Signature of Officer/Authorized Representative 		MAR 31 2025 <u>VLABNB</u>	

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

BY 237 PS



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 02:37 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

