



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 000030630		2. Exact name of the Corporation Post No. 33, Inc	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Amvets is a non-partisan volunteer led organization formed by WWII veterans that advocate for benefits and rights as veterans	
4. NAICS Code 813990			
6. Principal Office Address 474 Winthrop St		City Rehoboth	State MA
		Zip 01789	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>			
President Name Charles Morpin		Vice-President Name Kenneth Brown	
Street Address 21 Ruth St, Pawtucket, RI		Street Address 45 East Ave, Apt 1602, Pawtucket, RI	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02860		Zip 02860	
Secretary Name		Treasurer Name John Carr	
Street Address		Street Address 474 Winthrop St	
City	State	City Rehoboth	State MA
Zip		Zip 01789	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name Dana Dillon		Director Name Thomas White	
Street Address 24 East St		Street Address 40 Williston Way	
City Stamford Springs	State CT	City Pawtucket	State RI
Zip 06078		Zip 02860	
Director Name Joseph R. Janiero		Director Name John McCormiskey	
Street Address 82 Weeks St		Street Address 127 Amistick Blvd	
City Cumberland	State RI	City Pawtucket	State RI
Zip 06139		Zip 02860	
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 R. Janiero		FILED	Date
Signature of Officer/Authorized Representative		MAR 31 2025 VABNB	

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