



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$20.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025:** 2025

**1. Corporate ID No.** 000074809

**2. Name of Corporation** Operation Stand Down Rhode Island

**3. State of Incorporation**

State: RI

**NAICS CODE**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

624229

**4. Principal Office Address**

No. and Street: 1010 HARTFORD AVENUE

City or Town: JOHNSTON

State: RI Zip: 02919 Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

THE PURPOSE OF OPERATION STAND DOWN RHODE ISLAND HAS EXPANDED. THE NON-PROFIT MISSION / PURPOSE OF OPERATION STAND DOWN RHODE ISLAND IS TO STRENGTHEN THE VETERAN COMMUNITY BY PROVIDING VETERANS, VETERAN HOUSEHOLDS AND CURRENTLY SERVING MEMBERS OF THE U.S. ARMED FORCES, CRUCIAL WRAP-AROUND SERVICES INCLUDING BUT NOT LIMITED TO: HOUSING & HOUSING ASSISTANCE; EMPLOYMENT, TRAINING AND EDUCATION; LEGAL ASSISTANCE; BASIC HUMAN NEEDS; OUTREACH; AND OTHER ASSOCIATED SUPPORTIVE SERVICES. THE PREVIOUS AMENDMENT TO ARTICLES

DATED 1 AUGUST 1995 SHALL REMAIN IN FULL FORCE.

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ANTHONY DEQUATTRO	20 BALLOU STREET CUMBERLAND, RI 02864 USA
SECRETARY	JENNIFER SALISBURY	639 BOSTON NECK ROAD NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	ERNEST ALMONTE	120 SUDDARD LANE NORTH SCITUATE, RI 02857 USA
VICE PRESIDENT	RICHARD LEVESQUE	18 PERRIN STREET, MA 02703 USA
TREASURER	MICHAEL PREVITY	89 KERSEY ROAD WAKEFIELD, RI 02879 USA
DIRECTOR	MICHAEL BOUTIETTE	137 NEWELL AVE PAWTUCKET, RI 02860 USA
DIRECTOR	LYNN ST. GERMAIN-LUNDH	77 HARRIS AVENUE WEST WARWICK, RI 02893 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

ROBERT FORAND 1010 HARTFORD AVENUE JOHNSTON , RI 02919

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 3 Day of April, 2025 at 10:32:04 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By ERIK WALLIN  
Signature of Authorized Person