



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 RIDOS BSD
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1. Entity ID Number <u>0000 26425</u>		2. Exact name of the Corporation <u>AM VETS Dept. of RI Service Foundation inc</u>	
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>Veteran non-profit</u>	
4. NAICS Code <u>813940</u>			
6. Principal Office Address <u>82 weeks st</u>		City <u>Cumberland</u>	State <u>RI</u>
		Zip <u>02864</u>	
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
President Name <u>Joseph R. Janeiro</u>		Vice-President 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>	
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. <input type="checkbox"/> Check the box to indicate an attachment			
Director Name <u>Albert DUFF</u>		Director Name <u>Same</u>	
Street Address <u>26 Foster</u>		Street Address	
City <u>Danielson</u>	State <u>CT</u>	City	State
Zip <u>06239</u>		Zip	
Director Name <u>SAME</u>		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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>Joseph R. Janeiro</u>			Date
Signature of Officer/Authorized Representative <u>[Signature]</u>			

FILED

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

APR 03 2025
BY TTMVO
FORM 631- Revised: 12/2023
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