



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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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>	Zip <u>02864</u>	City <u>STAFFORD SPRINGS</u>	State <u>CT</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>	Zip <u>06239</u>	City	State	Zip
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 <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>	Zip <u>06239</u>	City	State	Zip
Director Name <u>SAME</u>		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
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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