



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2023  
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.

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1. Entity ID Number <u>0000 264 25</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>813990</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>	
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>	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> 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>	
Director Name <u>SAME</u>		Director Name	
Street Address		Street Address	
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>			
<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. Janeiro</u>			Date
Signature of Officer/Authorized Representative 			<b>FILED</b>

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

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