



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020
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: RSDS BSD
25 APR 3 PM 3:41:42

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>	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>Danvers</u>	State <u>CT</u>	Zip <u>06239</u>	City <u></u> State <u></u> Zip <u></u>
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>Danvers</u>	State <u>CT</u>	Zip <u>06239</u>	City <u></u> State <u></u> Zip <u></u>
Director Name <u>SAME</u>		Director Name	
Street Address		Street Address	
City <u></u>	State <u></u>	Zip <u></u>	City <u></u> State <u></u> Zip <u></u>
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 ITMVO
AA 3:46pm
FORM 631- Revised: 12/2023