



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
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>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) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 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 | State | Zip |
| 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 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 | 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. | | | | | |
| 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 | | | | | |

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 TTMVD FORM 631- Revised: 12/2023
AA 3:45 pm.