State of Rhode Island
Department of State - Business Services Division

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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.

1. Entity ID Number	2. Exact name of the Corporation
0000 26425	AM VETS Dept. of RI Service Foundation inc
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
Rhode Island	Veteran non-profit
4. NAICS Code	
813990	

6. Principal Office Address	City	State	Zip
82 weeks st	Cumberland	RI	02864

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Joseph R. Janeiro	Pam M Dillon
Street Address	**Street Address**
82 weeks St	24 EAST ST
City / State / Zip	**City / State / Zip**
Cumberland / RI / 02864	STAFFORD SPRINGS / CT / 06076
Secretary Name	**Treasurer Name**
Albert DUFF	
Street Address	**Street Address**
26 Foster st	
City / State / Zip	**City / State / Zip**
Danielson / CT / 06239	

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
Albert DUFF	Same
Street Address	**Street Address**
26 Foster	
City / State / Zip	**City / State / Zip**
Danielson / CT / 06239	
Director Name	**Director Name**
SAME	
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	Date
Joseph R. Janeiro	

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 ITMD
AA. 3:45 pm.

FORM 631- Revised: 12/2023