



**State of Rhode Island**  
**Department of State - Business Services Division**

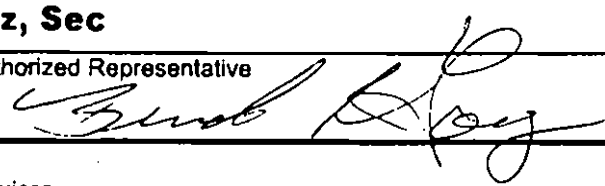
**Annual Report for the year: 2025**  
**Non-Profit Corporation**

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number <b>116338</b>		2. Exact name of the Corporation <b>Persian Gulf Veterans of Rhode Island</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>to assist disabled, needy War Veterans and members of the armed Forces and their Dependents title 7-6</b>			
4. NAICS Code <b>813910 Business</b>					
6. Principal Office Address <b>One Capital Hill</b>			City <b>Providence</b>	State <b>RI</b>	Zip
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>JOHN d pAQUIN</b>			Vice-President Name <b>Betty Ann Perry</b>		
Street Address <b>432 Providence St</b>			Street Address <b>20 Harding Ave</b>		
City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>	City <b>Riverside</b>	State <b>ri</b>	Zip <b>02915</b>
Secretary Name <b>Brenda Gomez</b>			Treasurer Name		
Street Address <b>PO Box 9105</b>			Street Address		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>	City	State	Zip
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 <b>Betty Ann Perry</b>			Director Name <b>Brenda Gomez</b>		
Street Address <b>20 Harding Ave</b>			Street Address <b>PO B 9105</b>		
City <b>Riverside</b>	State <b>RI</b>	Zip <b>02915</b>	City <b>warwick</b>	State <b>RI</b>	Zip <b>02889</b>
Director Name <b>John D Paquin</b>			Director Name		
Street Address <b>432 Providence St</b>			Street Address		
City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>	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 <b>Brenda Gomez, Sec</b>				Date <b>Apr 14, 2025</b>	
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

APR 14 2025  
BY **29674967398**  
**AA**