RI SOS Filing Number: 202571113260 Date: 4/22/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
APR 22 2025
BY

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.

1. Entity ID Number	2. Exact name of the Corporation
000031201	Crompton Veterans Organization World War II
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Meeting monthly to better Veteran's affairs and support the community.
4. NAICS Code: 813319	

6. Principal Office Address	City	State	Zip
37 Hepburn Street	West Warwick	RI	02893

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

President Name: Valentino Faraone Jr.			Vice-President Name: Robert E Shunski		
Street Address: 60 North Pleasant Street			Street Address: 29 Rivers Edge Drive		
City: West WArwick	State: RI	Zip: 02816	City: Coventry	State: RI	Zip: 02816
Secretary Name: Wayne Proulx			Treasurer Name: Ed Wiggin		
Street Address: 36 Bennett Street			Street Address: 62 Pepin Street		
City: Plainfield	State: Ct	Zip: 06374	City: West Warwick	State: RI	Zip: 02893

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

Director Name: Raymond Masterson			Director Name: Edward Furtado		
Street Address: 63 Pembroke Lane			Street Address: 159 Pawtuxet Terrace		
City: Coventry	State: RI	Zip: 02816	City: West Warwick	State: RI	Zip: 02893
Director Name: Joseph Simas			Director Name:		
Street Address: 35 Lockwood Street			Street Address:		
City: West Warwick	State: RI	Zip: 02893	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
Raymond Masterson	4/14/25

Signature of Officer/Authorized Representative: Raymond Masterson

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

FORM 631- Revised: 12/2023