



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 000031201		2. Exact name of the Corporation Crompton Veterans Organization <u>World War II</u>			
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 37 Hepburn Street		City West Warwick		State RI	Zip 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 Raymond Masterson				Date <u>4/17/25</u>	
Signature of Officer/Authorized Representative <u>Raymond Masterson</u>					

MAIL TO:

Division of Business Services

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