



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$20.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Non-Profit  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025:** 2025

**1. Corporate ID No.** 000870005

**2. Name of Corporation** WOUNDED WARRIOR PROJECT, INC.

**3. State of Incorporation**

State: VA

**NAICS CODE**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813311

**4. Principal Office Address**

No. and Street: 4899 BELFORT RD

SUITE 300

City or Town: JACKSONVILLE

State: FL

Zip: 32256

Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

CONNECTS WOUNDED VETERANS, THEIR FAMILIES AND CAREGIVERS WITH  
PERSONALIZED PROGRAMS THAT SUPPORT THEIR PHYSICAL, MENTAL,  
ECONOMIC AND EMOTIONAL RECOVERIES, FREE OF CHARGE.

**6. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
CEO	WALTER E PIATT	4899 BELFORT ROAD, SUITE 300 JACKSONVILLE, FL 32256 USA
CFO	CRAIG CARROLL	4899 BELFORT ROAD, SUITE 300 JACKSONVILLE, FL 32256 USA
CHIEF INFORMATION OFFICER	CHRISTOPHER STUART	4899 BELFORT ROAD, SUITE 300 JACKSONVILLE, FL 32256 USA
DIRECTOR	KATHY HILDRETH	4899 BELFORT ROAD, SUITE 300 JACKSONVILLE, FL 32256 USA
DIRECTOR	LISA DISBROW	4899 BELFORT ROAD, SUITE 300 JACKSONVILLE, FL 32256 USA
CHIEF MARKETING AND COMMUNICATIONS OFFICER	VILMA CONSUEGRA	4899 BELFORT ROAD, SUITE 300 JACKSONVILLE, FL 32256 USA
CHIEF PROGRAM OFFICER	JENNIFER SILVA	4899 BELFORT ROAD, SUITE 300 JACKSONVILLE, FL 32256 USA
CHIEF DEVELOPMENT OFFICER	CHRISTOPHER NEEDLES	4899 BELFORT ROAD, SUITE 300 JACKSONVILLE, FL 32256 USA
BOARD VICE CHAIR	BILL SELMAN	4899 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 32256 USA
BOARD CHAIR	KEN HUNZEKER	1120 G STREET NW WASHINGTON, DC 20005 USA
DIRECTOR	FLORENT GROBERG	4899 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 32256 USA
DIRECTOR	SCOTT STALKER	4899 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 32256 USA
DIRECTOR	LINDSEY STREETER	4899 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 32256 USA
DIRECTOR	KRISTEN ROBINSON	4899 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 32256 USA
DIRECTOR	JOSEPH CARVALHO	4899 BELFORT ROAD, SUITE 300 JACKSONVILLE, FL 32256 USA
DIRECTOR	JEFF DOLVEN	4899 BELFORT ROAD, SUITE 300 JACKSONVILLE, FL 32256 USA
DIRECTOR	TIFFANY DAUGHERTY	4899 BELFORT ROAD, SUITE 300 JACKSONVILLE, FL 32256 USA
DIRECTOR	JOHN CAMPBELL	4899 BELFORT ROAD, SUITE 300 JACKSONVILLE, FL 32256 USA
DIRECTOR	SCOTT HOWELL	4899 BELFORT ROAD, SUITE 300 JACKSONVILLE, FL 32256 USA
DIRECTOR	DR. KEITA FRANKLIN	4899 BELFORT ROAD, SUITE 300 JACKSONVILLE, FL 32256 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI

02888

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 23 Day of April, 2025 at 11:55:39 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By CRAIG CARROLL

Signature of Authorized Person

Form No. 631  
Revised 09/07

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