



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.

REC'D RIDOS BSD
25 APR 28 PM 12:01:02

1. Entity ID Number 000788442		2. Exact name of the Corporation Rhode Island Military Organization	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island operate the Military Lounge at the TF Green International Airport also provide services to veterans	
4. NAICS Code 813319			
6. Principal Office Address 33 Elite Drive		City Warwick	State RI Zip 02889
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Timothy Howe		Vice-President Name Daniel J. Evangelista	
Street Address 33 Elite Drive		Street Address 140 Ferris Avenue	
City Warwick	State RI	City Rumford	State RI
Zip 02889		Zip 02916	
Secretary Name Kimberly Wineman		Treasurer Name Daniel O'Toole	
Street Address 208 Besty Williams Drive		Street Address 121 Chapmans Avenue	
City Warwick	State RI	City Warwick	State RI
Zip 02889		Zip 02886	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Timothy Howe		Director Name Daniel J. Evangelista	
Street Address 33 Elite Drive		Street Address 140 Ferris Avenue	
City Warwick	State RI	City Rumford	State RI
Zip 02889		Zip 02916	
Director Name Kimberly Wineman		Director Name Daniel O'Toole	
Street Address 208 Besty Williams Drive		Street Address 121 Chapmans Avenue	
City Warwick	State RI	City Warwick	State RI
Zip 02889		Zip 02886	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 841.			
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 Daniel J. Evangelista			Date April 27, 2025
Signature of Officer/Authorized Representative Daniel J. Evangelista			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 28 2025

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