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

Annual Report for the year: 2024
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 <u>660027742</u>		2. Exact name of the Corporation <u>Evana T. Lefebvre 1271 Veterans of Foreign Wars</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Assisting Veterans</u>	
4. NAICS Code <u>813319</u>			
6. Principal Office Address <u>82 weeks st</u>		City <u>Cumberland</u>	State <u>RI</u>
		Zip <u>02864</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Joseph R. Janeiro</u>		Vice-President Name <u>Antonio Fonseca</u>	
Street Address <u>one capital Hill</u>		Street Address <u>one capital Hill</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
	Zip <u>02908</u>		Zip <u>02908</u>
Secretary Name <u>Walter Fricke</u>		Treasurer Name	
Street Address <u>69 oak st</u>		Street Address	
City <u>Westerly</u>	State <u>RI</u>	City	State
	Zip <u>02891</u>		Zip
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 <u>Joseph R. Janeiro</u>		Director Name <u>Antonio Fonseca</u>	
Street Address <u>one capital Hill</u>		Street Address <u>one capital Hill</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
	Zip <u>02908</u>		Zip <u>02908</u>
Director Name <u>Walter Fricke</u>		Director Name	
Street Address <u>68 oak st</u>		Street Address	
City <u>Westerly</u>	State <u>RI</u>	City	State
	Zip <u>02891</u>		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.			
<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 <u>Joseph R. Janeiro</u>			Date <u>5/17/24</u>
Signature of Officer/Authorized Representative 			

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

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MAY 17 2024
BY RA326