



**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

Non-Profit Corporation Annual Report for the year: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
66905		ARIE Foundation			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
Rhode Island		Provide free collectibles to patients in Veteran Administration medical centers			
5. Principal Office Address		City	State	Zip	
5300 Post Road, #254 Trafalgar East Bldg 4		East Greenwich	RI	02818	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Paul Gerstenbluth			Vice-President Name Chet Gerstenbluth		
Street Address 5300 Post Road, #254			Street Address 41 Burton Ave.		
City East Greenwich	State RI	Zip 02818	City Plainview	State NY	Zip 11803
Secretary Name Jared Gerstenbluth			Treasurer Name Phyllis Gerstenbluth		
Street Address 317 Monroe St., #1			Street Address 41 Burton Ave.		
City Hoboken	State NJ	Zip 07030	City Plainview	State NY	Zip 11803
7. 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 Jerry Pollack			Director Name Suzann Valenzuela		
Street Address 109 Lincoln Road East			Street Address 58-31 256th St., #2		
City Plainview	State NY	Zip 11803	City Little Neck	State NY	Zip 11362
Director Name Shelly Aronowitz, FNP			Director Name Michael Pollack, MD		
Street Address 97 Coachlight Square			Street Address 201 West 85th St.		
City Montrose	State NY	Zip 10548	City New York	State NY	Zip 10024
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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 Chet Gerstenbluth				Date 6/2/16	
Signature of Officer/Authorized Representative Chet Gerstenbluth					

FILED

JUN 06 2016

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