



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

2017 APR 19 AM 9:58
 R.I. DEPARTMENT OF STATE
 BUSINESS SERVICES DIV.

Annual Report for the year: 2017

Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 102516		2. Exact name of the Corporation Jewish War Veterans of Rhode Island Memorial Wall of Honor, Inc.	
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Maintain a Veterans Memorial Wall	
5. Principal Office Address 1375 Warwick Avenue		City Warwick	State RI
		Zip 02888	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Ira Fleisher		Vice-President Name Sanford H. Gorodetsky	
Street Address 17 Tomahawk Court		Street Address 46 Bagy Winkle Cove	
City Warwick	State RI	Zip 02886	City Warren
			State RI
			Zip 02886
Secretary Name Michael Penn		Treasurer Name Ira Fleisher	
Street Address 151 Love Lane		Street Address 17 Tomahawk Court	
City Warwick	State RI	Zip 02886	City Warwick
			State RI
			Zip 02886
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 Ira Fleisher		Director Name Sanford H. Gorodetsky	
Street Address 17 Tomahawk Court		Street Address 46 Bagy Winkle Cove	
City Warwick	State RI	Zip 02886	City Warren
			State RI
			Zip 02886
Director Name Michael Penn		Director Name David Penn	
Street Address 151 Love Lane		Street Address 48 Wilcox Avenue	
City Warwick	State RI	Zip 02886	City Pawtucket
			State RI
			Zip 02860
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative Ira Fleisher			Date 3/16/17
Signature of Officer/Authorized Representative 			

FILED

APR 19 2017
 BY 301252
 AA 10:00 AM

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