



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

Annual Report for the year: **2016**

**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.

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 BUS SVCS DIV

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1. Entity ID Number <b>102516</b>		2. Exact name of the Corporation <b>Jewish War Veterans of Rhode Island Memorial Wall of Honor, Inc.</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Maintain a Veterans Memorial Wall</b>			
5. Principal Office Address <b>1375 Warwick Avenue</b>			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Ira Fleisher</b>			Vice-President Name <b>Sanford H. Gorodetsky</b>		
Street Address <b>17 Tomahawk Court</b>			Street Address <b>46 Bagy Winkle Cove</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>
Secretary Name <b>Michael Penn</b>			Treasurer Name <b>Ira Fleisher</b>		
Street Address <b>151 Love Lane</b>			Street Address <b>17 Tomahawk Court</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
7. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Ira Fleisher</b>			Director Name <b>Sanford H. Gorodetsky</b>		
Street Address <b>17 Tomahawk Court</b>			Street Address <b>46 Bagy Winkle Cove</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>
Director Name <b>Michael Penn</b>			Director Name <b>David Penn</b>		
Street Address <b>151 Love Lane</b>			Street Address <b>46 Wilcox Avenue</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>Ira Fleisher</b>				Date <b>3/16/17</b>	
Signature of Officer/Authorized Representative 					

**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

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