



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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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 02885
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 02885
Director Name Michael Penn			Director Name David Penn		
Street Address 151 Love Lane			Street Address 46 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.					
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 Ira Fleisher					Date 3/16/17
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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BY **301252**
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FORM 631 - Revised: 02/2017