



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

Annual Report for the year: **2017**

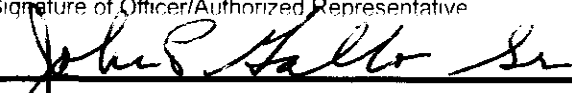
Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

R.I. DEPT. OF STATE
BUSINESS DIV.
2017 JUN -5 AM 10:35

1. Entity ID Number 93776		2. Exact name of the Corporation KOREAN WAR MEMORIAL COMMISSION OF R.I.			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island CARE FOR AND MAINTAIN THE KOREAN WAR MEMORIAL LOCATED AT MEMORIAL PARK IN PROVIDENCE, RI			
4. NAICS Code 813312					
6. Principal Office Address 453 GROTTA AVE.		City PAWTUCKET		State RI	Zip 02860
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOHN P. GALLO SR.			Vice-President Name RICHARD N. ST. LOUIS		
Street Address 453 GROTTA AVE.			Street Address 95 ORCHARD MEADOW DRIVE		
City PAWTUCKET	State RI	Zip 02860	City SMITHFIELD	State RI	Zip 02917
Secretary Name SARA B. LOW			Treasurer Name JOHN P. GALLO SR.		
Street Address 95 BLACKSTONE BLVD			Street Address 453 GROTTA AVE.		
City PROVIDENCE	State RI	Zip 02906	City PAWTUCKET	State RI	Zip 02860
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 JOHN P. GALLO SR.			Director Name RICHARD N. ST. LOUIS		
Street Address 453 GROTTA AVE.			Street Address 95 ORCHARD MEADOW DRIVE		
City PAWTUCKET	State RI	Zip 02860	City SMITHFIELD	State RI	Zip 02917
Director Name SARA B. LOW			Director Name LEWIS E. WEINSTEIN		
Street Address 95 BLACKSTONE BLVD.			Street Address 72 BOON STREET		
City PROVIDENCE	State RI	Zip 02906	City NARRAGANSETT	State RI	Zip 02882
9. 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 JOHN P. GALLO SR.				Date 5 JUNE 2017	
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

FILED
JUN 05 2017
BY 46 30746