RI SOS Filing Number: 201745918960 Date: 6/21/2017 4:00:00 PM

State of Rhode Island Department of			es Division	_		
Annual Report for the year: 2017 Non-Profit Corporation				RECEIVE D R.I. DEPT. OF STATE		
→ Filing period: June 1 - June 30				BUS	SVCS DIV	
→ Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if form is not filed by July 30.				2017 JUN 2 1 PM 12: 06		
1. Entity ID Number	2. Exact na	2. Exact name of the Corporation				
117616	World Wa	World War II Memorial Commission Of Rhode Island				
3. State of Incorporation	4. Brief des	4. Brief description of the character of business conducted in Rhode Island				
Rhode Island	Finance D	Finance Develop & Erect a monument in Providence, R.I. dedicated to the WWII Veterarg				
5. Principal Office Address			City	State	Zip	
43 Canonchet Drive			Portsmouth	R.I.	02871	
6. List ALL officers (names and	addresses)			Check the box to indicate an attachment		
President Name Reggie Centracchio			Vice-President Name Raymond Benkosky			
Street Address 342 Old Plainfield Pike			Street Address 43 Canonchet Drive			
^{City} Scituate	State R.I.	^{Zip} 02825	City Portsmouth	State R.I.	^{Zip} 02871	
Secretary Name Ernest Pitochelli Sr			Treasurer Name Raymond Benkosky			
Street Address 1330 Atwood Ave			Street Address 43 Canonchet Drive			
^{City} Johnston	State R.I.	^{Zip} 02919	City Portsmouth	State R.I.	^{Zip} 02871	
7. List ALL directors (names an	id addresses). F	RI Corporations MIL	JST list at least THREE director		o indicate an attachment	
Director Name Robert Burke			Director Name Virginia Hanson			
Street Address 8 Colton Drive			Street Address 40 Swan Road			
City Barrington	State R.I.	^{Zip} 02806	City North Kingston	State R.I.	^{Zip} 02852	
Director Name Sanford H. Gorodetsky			Director Name Aram G. Garabedian			
Street Address 46 Bagy Wrinkle Cove			Street Address 245 Waterman Street Ste 404			
^{City} Warran	State R.I.	^{Zip} 02885	City Provdence	State R.I.	^{Zip} 02909	
8. Registered Agent in Rhode Is						
Under penalty of perjury, I de statements, and that all state	ments containe	ed herein are true	and correct.			
This report must be signed by either the		sident, Secretary, Assist	ant Secretary, Treesurer, duly Authorize	ed Representative, Receiv	ver or Trustee.	
Name of Officer/Authorized Representative Raymond Benkosky / Treasurer					11. 9217	
Signature of Officer/Authorized F	Representative/			june	16 3017	

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

JUN 2 1 2017 (S) FORM

FORM 631 - Revised: 05/2016