



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

Annual Report for the year: ~~2016~~ 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. DEPARTMENT OF STATE
 BUSINESS SERVICES DIVISION
 2017 JUN - 7 AM 10:39

1. Entity ID Number <u>66905</u>	2. Exact name of the Corporation ARIE Foundation		
3. State of Incorporation Rhode Island	5. Brief description of the character of business conducted in Rhode Island Provide free collectibles to patients in Veteran Administration medical centers		
4. NAICS Code 813211 - Grantmaking Foun			

6. Principal Office Address 5300 Post Rod, #254 Trafalgar East Bldg. 4	City East Greenwich	State RI	Zip 02818
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7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
President Name Paul Gerstenbluth			Vice-President Name Chet Gerstenbluth		
Street Address 5300 Post Road, #254			Street Address 41 Burton Ave.		
City East Greenwich	State RI	Zip 02818	City Plainview	State NY	Zip 11803
Secretary Name Jared Gerstenbluth			Treasurer Name Phyllis Gerstenbluth		
Street Address 317 Monroe St., #1			Street Address 41 Burton Ave.		
City Hoboken	State NJ	Zip 07030	City Plainview	State NY	Zip 11803

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 Jerry Pollack			Director Name Suzann Valenzuela		
Street Address 109 Lincoln Road East			Street Address 58-31 256th St., #2		
City Plainview	State NY	Zip 11803	City Little Neck	State NY	Zip 11362
Director Name Shelly Aronowitz, FNP			Director Name Michael Pollack, MD		
Street Address 97 Coachlight Square			Street Address 201 West 85th St.		
City Montrose	State NY	Zip 10548	City New York	State NY	Zip 10024

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.

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 <u>Chet Gerstenbluth</u>	Date <u>6/21/17</u>
Signature of Officer/Authorized Representative <u>Chet Gerstenbluth</u>	

FILED

JUN 21 2017

BY 1474 DS