



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.

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 R.I. DEPT. OF STATE
 BUS. SVCS. DIV.
 2017 JUL 25
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1. Entity ID Number <u>154627</u>		2. Exact name of the Corporation <u>Memorial for Black Veterans</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>To Erect a Monument at the Veterans Cemetery in Exeter RI in memory of Black Rhode Island Veterans who served in the American Wars.</u>	
4. NAICS Code <u>813990</u>			
6. Principal Office Address <u>PO BOX 5670</u>		City <u>Providence</u>	State <u>RI</u> Zip <u>02903</u>
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Johanne P. Washington</u>		Vice-President Name <u>Oscin Covington</u>	
Street Address <u>78 Cypress Street</u>		Street Address <u>410 Namauit</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Warwick</u>	State <u>RI</u> Zip <u>02888</u>
Secretary Name <u>Arthur Bernick</u>		Treasurer Name <u>Kenneth Rejs</u>	
Street Address <u>2122 Warwick Ave</u>		Street Address <u>60 Prince Street</u>	
City <u>Warwick</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02905</u>
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 <u>John Costa</u>		Director Name <u>Wesley Briggs</u>	
Street Address <u>95 Newman Ave</u>		Street Address <u>31 George Ave</u>	
City <u>Dunford</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02905</u>
Director Name <u>Dennis Warner</u>		Director Name	
Street Address <u>30 Mohawk Dr.</u>		Street Address	
City <u>Seekonk</u>	State <u>MA</u>	City	State Zip
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.			
<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 <u>Johanne P. Washington</u>		Date <u>7/25/2017</u>	
Signature of Officer/Authorized Representative <u>Johanne P. Washington</u>			

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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