



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

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 SECRETARY OF STATE  
 CORPORATIONS DIV  
 28 JUN - 7 AM 11:01

Annual Report for the year: 2018  
 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.

1. Entity ID Number <b>154622</b>		2. Exact name of the Corporation <b>MEMORIAL FOR BLACK VETERANS OF RI</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>TO ADD MORE BRICKS TO THE MOVEMENT AT THE RI VETERANS CEMETARY IN EASTEN RT, IN MEMORY OF BLACKS VETERANS WHO SERVED IN ALL AMERICAN WARS.</b>	
4. NAICS Code <b>813990</b>			
6. Principal Office Address <b>PO Box 5670</b>		City <b>PROVIDENCE</b>	State <b>RI</b>
		Zip <b>02903</b>	
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Johanne P. Washington</b>		Vice-President Name <b>Oscar Cowling Jr</b>	
Street Address <b>78 Cypress Street</b>		Street Address <b>610 Namauel</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Warwick</b>	State <b>RI</b>
Zip <b>02906</b>		Zip <b>02888</b>	
Secretary Name <b>Arthur Bunnells</b>		Treasurer Name <b>Kenneth Re's</b>	
Street Address <b>2122 Warwick Ave</b>		Street Address <b>60 Prince Street</b>	
City <b>Warwick</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02889</b>		Zip <b>02860</b>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Dennis Warner</b>		Director Name <b>John Costa</b>	
Street Address <b>30 Mohawk Dr.</b>		Street Address <b>95 Newman Ave</b>	
City <b>See Kirk</b>	State <b>MA</b>	City <b>Rumford</b>	State <b>MA</b>
Zip <b>02771</b>		Zip <b>02916</b>	
Director Name <b>Wesley Briggs</b>		Director Name	
Street Address <b>31 Georgia Ave</b>		Street Address	
City <b>Pro. RI</b>	State <b>RI</b>	City	State
Zip <b>02905</b>		Zip	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
<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 <b>Johanne P. Washington</b>			Date <b>6/7/2018</b>
Signature of Officer/Authorized Representative <i>Johanne P. Washington</i>			

**FILED**

JUN 07 2018

BY *[Signature]* 332 146