



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

Annual Report for the year:
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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RECEIVED
SECRETARY OF STATE
CORPORATIONS DIVISION

1. Entity ID Number 154022	2. Exact name of the Corporation Memorial for BLACK Veterans of RI				
3. State of Incorporation RI	5. Brief description of the character of business conducted in Rhode Island TO ADD MORE BRICKS TO THE MONUMENT AT THE RI Veterans Cemetery, in Easton, RI, IN MEMORY OF Blacks Veterans who served in all American Wars.				
4. NAICS Code 813990					
6. Principal Office Address PO Box 5670	City Providence	State RI	Zip 02903		
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Johnanne P. Washington	Vice-President Name Ocege Cowing for				
Street Address 78 Cypress Street	Street Address 610 Namaniel				
City Providence	State RI	Zip 02906	City Warwick	State RI	Zip 02888
Secretary Name Arthur Burrells	Treasurer Name Kenneth Rei's				
Street Address 2122 Warwick Ave	Street Address 60 Prince Street				
City Wynwick	State RI	Zip 02889	City Bantucket	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 Dennis Warner	Director Name John Costa				
Street Address 30 Mohawk Dr.	Street Address 95 Newton Ave				
City Seekonk	State MA	Zip 02771	City Rumford	State MA	Zip 02916
Director Name Wesley Briggs	Director Name				
Street Address 31 Georgia Ave	Street Address				
City Prov. RI	State RI	Zip 02905	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.					

Name of Officer/Authorized Representative Johnanne P. Washington	Date 6/7/2018
Signature of Officer/Authorized Representative Johnanne P. Washington	FILED
JUN 07 2018	

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

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