



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

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SECRETARY OF STATE  
CORPORATIONS DIV  
2018 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 <u>154622</u>		2. Exact name of the Corporation <u>Memorial For Black Veterans of RI</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>TO ADD MORE BRICKS TO THE MONUMENT AT THE RI VETERANS CEMETARY IN EASTEN RI, IN MEMORY OF BLACKS VETERANS WHO SERVED IN ALL 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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Johanne P. Washington</u>		Vice-President Name <u>Osborn Cowlington</u>	
Street Address <u>78 Cypress Street</u>		Street Address <u>610 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 Bunnells</u>		Treasurer Name <u>Kenneth Rei's</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>02860</u>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>Dennis Warner</u>		Director Name <u>John Costa</u>	
Street Address <u>30 Mohawk Dr.</u>		Street Address <u>95 Newman Ave</u>	
City <u>See Kirk</u>	State <u>MA</u>	City <u>Rumford</u>	State <u>MA</u> Zip <u>02916</u>
Director Name <u>Wesley Briggs</u>		Director Name	
Street Address <u>31 Georgia Ave</u>		Street Address	
City <u>Pro. RI</u>	State <u>RI</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.			
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>Johanne P. Washington</u>		Date <u>6/7/2018</u>	
Signature of Officer/Authorized Representative <u>Johanne P. Washington</u>		FILED JUN 07 2018	

MAIL TO:  
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