



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: ~~2018~~ 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 102516		2. Exact name of the Corporation Jewish War Veterans of Rhode Island Memorial Wall of Honor, Inc.	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Maintain a Veterans Memorial Wall	
4. NAICS Code 813410			
6. Principal Office Address 1375 Warwick Avenue		City Warwick	State RI Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Ira Fleisher		Vice-President Name Sanford H. Gorodetsky	
Street Address 65 Rogerson Crossing		Street Address 46 Bagy Winkle Cove	
City Uxbridge	State MA	City Warren	State RI Zip 02885
Secretary Name Michael Penn		Treasurer Name Ira Fleisher	
Street Address 151 Love Lane		Street Address 65 Rogerson Crossing	
City Warwick	State RI	City Uxbridge	State MA Zip 01569
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 Ira Fleisher		Director Name Sanford H. Gorodetsky	
Street Address 65 Rogerson Crossing		Street Address 46 Bagy Winkle Cove	
City Uxbridge	State MA	City Warren	State RI Zip 02885
Director Name Michael Penn		Director Name David Penn	
Street Address 151 Love Lane		Street Address 48 Wilcox Avenue	
City Warwick	State RI	City Pawtucket	State RI Zip 02860
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 Ira Fleisher		Date 2/15/19	
Signature of Officer/Authorized Representative 		FILED FEB 21 2019	

MAIL TO:
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