



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 01569 | | 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 02886 | | 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 01569 | | 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 02886 | | 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. | | | |
| <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 Ira Fleisher | | | Date 2/15/19 |
| Signature of Officer/Authorized Representative | | | FILED FEB 21 2019 |

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

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