



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

Annual Report for the year: 2019
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.

FILED
 JUN 24 2019 *OV*
 1275

1. Entity ID Number 000026190		2. Exact name of the Corporation Department of Rhode Island, Jewish War Veterans of the USA			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Veterans service organization			
4. NAICS Code 813990 - Other Similar Organi					
6. Principal Office Address P.O. Box 100064		City Cranston	State RI	Zip 02910	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ira J. Fleisher		Vice-President Name Stephen R. Bloch			
Street Address 65 Rogerson Xing		Street Address 20 Newman Avenue #3409			
City Uxbridge	State MA	Zip 01569	City Rumford	State RI	Zip 029916
Secretary Name Sanford Gorodetsky		Treasurer Name Ira J. Fleisher			
Street Address 46 Bagy Wrinkle Cove		Street Address 65 Rogerson Xing			
City Warren	State RI	Zip 02885	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 Michael Penn		Director Name Sanford Gorodetsky			
Street Address 151 Love Lane		Street Address 46 Bagy Wrinkle Cove			
City Warwick	State RI	Zip 02886	City Warren	State RI	Zip 02885
Director Name Daviid Penn		Director Name Michael Smith			
Street Address 46 Wilcox Avenue		Street Address 26 Sandro Drive			
City Pawtucket	State RI	Zip 02860	City Warwick	State RI	Zip 02886
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 Sanford Gorodetsky/Secretary				Date June 18, 2019	
Signature of Officer/Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov