



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

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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 David 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.					
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 Sanford Gorodetsky/Secretary				Date June 18, 2019	
Signature of Officer/Authorized Representative 					

MAIL TO:
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