



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

FILED
JUL 05 2019
 STAMP
 1003

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.

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 02888	
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	Zip 01569		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	Zip 02886		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 Gorodetsky				
Street Address 65 Rogerson Crossing				Street Address 46 Bagy Winkle Cove				
City Uxbridge		State MA	Zip 01569		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	Zip 02886		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.								
<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 7/30/19		
Signature of Officer/Authorized Representative <i>Ira Fleisher</i>						SIGN DOCUMENT HERE		