State of Rhode Island
**Department of State - Business Services Division**

**Annual Report for the year: 2021**
**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
JUL 23 2021
BY 1035

| 1. Entity ID Number | 2. Exact name of the Corporation |
|---|---|
| 102516 | **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 | City | State | Zip |
|---|---|---|---|
| 1375 Warwick Avenue | Warwick | RI | 02888 |

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| | | | | | |
|---|---|---|---|---|---|
| President Name: Ira Fleisher | | | Vice-President 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 |
| Secretary Name: Michael Penn | | | Treasurer Name: Ira Fleisher | | |
| Street Address: 151 Love Lane | | | Street Address: 65 Rogerson Crossing | | |
| City: Warwick | State: RI | Zip: 02888 | 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 ☐

| | | | | | |
|---|---|---|---|---|---|
| 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: 028852 |
| 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: Pawtuxket | State: RI | Zip: 02860 |

9. The Registered Agent information of record with the RI Department of State is accurate. 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 | Date |
|---|---|
| Ira Fleisher | |

Signature of Officer/Authorized Representative: Ira Fleisher

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

FORM 631 - Revised: 08/2020