



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2024

Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000026190	2. Exact name of the Corporation STATES OF AMERICA Department of Rhode Island, Jewish War Veterans of the United
3. State of Incorporation Rhode Island	5. Brief description of the character of business conducted in Rhode Island Veterans Organization
4. NAICS Code 813990	

6. Principal Office Address P.O. Box 100064	City Cranston	State RI	Zip 02910
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7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name EVAN BORUCH KERZER			Vice-President Name SUSANNA ROBERTS		
Street Address Apt. 407 15 Franconia Drive			Street Address 917 Stratford Lane		
City Cranston	State RI	Zip 02920	City Warwick	State RI	Zip 02886
Secretary Name STEVEN H. MUSEN			Treasurer Name		
Street Address 282 Squantum Drive			Street Address		
City Warwick	State RI	Zip 02888	City	State	Zip

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 STEPHAN R. BLOCH		
Street Address 151 Love Lane			Street Address 300 Cricket Lane, Unit 3204		
City Warwick	State RI	Zip 02886	City Walpole	State MA	Zip 02032
Director Name GERALD S. SHERMAN			Director Name		
Street Address 161 Holland St. Apt. 103			Street Address		
City Cranston	State RI	Zip 02888	City	State	Zip

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 STEVEN H. MUSEN, Secretary	Date MARCH 14, 2024
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Signature of Officer/Authorized Representative 	FILED
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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.n.gov

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