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

RECD RIDOS BSD '24 APR 30 PM 12:30:09

Annual Report for the year: 2024
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	2. Exact name of the Corporation
154622	Memorial For Black Veterans of RI
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Veterans Support
4. NAICS Code: 813999	

6. Principal Office Address	City	State	Zip
310 Benefit Street	Pawtucket	RI	02861

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

President Name	Vice-President Name
Johnnie P. Washington	Kenneth Reis
Street Address: 310 Benefit Street	Street Address: 1650 Douglas Ave Apt 4303
City: Pawtucket; State: RI; Zip: 02861	City: N. Providence; State: RI; Zip: 02904
Secretary Name: Richard Garrett	**Treasurer Name:** Earnest E. Lacey
Street Address: 87 Simmons Street	Street Address: 19 Gallup Street
City: Providence; State: RI; Zip: 02909	City: Providence; State: RI; Zip: 02905

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
George Lima	Dennis Warner
Street Address: 204 Camp Street	Street Address: 30 Mohawk Dr
City: Providence; State: RI; Zip: 02906	City: Seekonk; State: MA; Zip: 02771
Director Name: Benjamin E. Dias	**Director Name**
Street Address: 181 Corliss St.	Street Address
City: Providence; State: RI; Zip: 02904	City; State; Zip

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	Date
Johnnie P. Washington	4/30/24

Signature of Officer/Authorized Representative: Johnnie P. Washington

FILED
APR 30 2024
BY ML 232

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: 03/2019