



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

REC'D RIDOS BSD
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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 154622		2. Exact name of the Corporation 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 310 Benefit Street		City Pawtucket	State RI
		Zip 02861	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Johanne P. Washington		Vice-President Name Kenneth Reis	
Street Address 310 Benefit Street		Street Address 1650 Douglas Ave Apt 4303	
City Pawtucket	State RI	City N. Providence	State RI
Zip 02861		Zip 02904	
Secretary Name RICHARD GARRETT		Treasurer Name Ernest E Lacey	
Street Address 87 Simmos Street		Street Address 19 Gallop Street	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02905	
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 George Lima		Director Name Dennis Warner	
Street Address 204 Camp Street		Street Address 30 Mohawk Dr	
City Providence	State RI	City Seekonk	State MA
Zip 02904		Zip 02771	
Director Name BENJAMIN E DIAS		Director Name	
Street Address 181 Corliss St.		Street Address	
City Providence	State RI	City	State
Zip 02904		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.			
<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 Johanne P. Washington			Date 4/30/24
Signature of Officer/Authorized Representative <i>Johanne P. Washington</i>			

FILED

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

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