



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

Annual Report for the year: 2024-Amended

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 000102516		2. Exact name of the Corporation Jewish War Veterans of Rhode Island Memorial Wall of Honor, In		
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To design, construct, operate and maintain appropriate memorials to perpetuate the recognition of those RI citizens of the Jewish Faith who served in the Armed Forces of the United States. Title: 7-6		
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 STEVEN H. MUSEN		Vice-President Name MICHAEL PENN		
Street Address 282 SQAUNTUM DRIVE		Street Address 151 LOVE LANE		
City WARWICK	State RI	Zip 02888	City WARWICK	State RI Zip 02886
Secretary Name STEVEN H. MUSEN		Treasurer Name STEVEN H. MUSEN		
Street Address 282 SQUANTUM DRIVE		Street Address 282 SQUANTUM DRIVE		
City WAWICK	State RI	Zip 02888	City WARWICK	State RI Zip 02888
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 STEVEN H. MUSEN		
Street Address 65 ROGERSON CROSSING		Street Address 282 SQUANTUM DRIVE		
City UXBRIDGE	State MA	Zip 01569	City WARWICK	State RI Zip 02888
Director Name MICHAEL PENN		Director Name		
Street Address 151 LOVE LANE		Street Address		
City WARWICK	State RI	Zip 02886	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.				
<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 STEVEN H. MUSEN			FILED	Date May 12, 2024
Signature of Officer/Authorized Representative <i>Steven H. Musen</i>				

MAY 15 2024
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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.ri.gov

BY _____



State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

May 15, 2024 03:15 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

