



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 <i>KS</i>	

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 _____