

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: June 1 - June 30 • Filing Fee: \$20.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a

penalty fee of \$25.00.				
1. Corporate ID No. 2. Name of Corporation Rhode Island Bourd of Rabbis				
3. State of Incorporation 4. Corporate address in Rhode Island - Street Address	<u></u>	Providence	Zip	
RI 130 Sessions	2t,	Providence	0 2406	
5. Foreign corporation. Enter principal office address	City	State	Zip	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island				
Clergy association for education and fellowship				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [ FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Rubbi Peter W Stein	Vice President Name Robbi	Amy Levil	<b>O</b>	
Street Address 30 Hagen Ave.		Park Ave.		
Crarstan State RI 210 07970	cin cranstan	State RI	06960	
Secretary Name Rabbi Asher Oser	Treasurer Name Rabbi	Asher Oser		
Street Address 275 Camp St	Street Address 275	amp St.		
City Providence State QI 21007906	City Prondence	State PI	07906	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS				
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23				
Director Name Rubbi Alan Flam	Rabbi Wayne Franklin			
Street Address Brown University Box 1974	Street Address 99 Taft Ave			
City Providence State RI Zip 07912	cin Providence	State RI	<sup>zip</sup> 0 7906	
Director Name Rubbi Surah Mack	Director Name			
Street Address TO Orchard St.	Street Address			
City Providence State RI Zip 07906	City	State	Zip	
9. REGISTERED AGENT IN RHODE ISLAND				
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78				
This was the sixed by gither the President Vice President Secretary Assistant Secretary Treasurer Receiver or Trustee				

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

11:04	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
SOUS SOUR SOUR SOUR SOUR SOUR SOUR SOUR	Signature of Officer  Date  Signature of Officer  Date
By. FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer  PCS Jan +  Title of Officer  Form 631 Rev. 09/17