

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

Providence, RI 02904-2615

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007
401.222.3
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 401.222.3040

to a penalty fee of \$25.00.			1	, , (-		
1. Corporate 1D No.	2. Name of Corporation					
152040	Greater Rhode Island Center for Jewish Healing					
3. State of Incorporation				Zip		
Rhode Island	230 Lanter	n Lane E		North Kingstown	02852	
5. Foreign corporation. Enter pri.	ncipal office addre:	55	City	State	Zip	
6. Brief Description of the character	of the affairs whic	b are actually conducted in R	bode Island	- Million		
To promote the understand	ding and practi	ce of Jewish spirituality	among the Jewish population	n of greater Rhode Island		
7. NAMES AND ADDRESSE	S OF THE OFF	ICERS: ("X" BOX FOR A	TTACHMENT) 🔲 FILL IN SPA	CES BEFORE USING ATTAC	HMENTS	
President Name			Vice President Name			
Howard Brown			N/A			
Street Address			Street Address			
230 Lantern Lane E						
City	State	Zip	City	State	Zip	
North Kingstown	_RI	02852				
Secretary Name  Janice Dexter-Ganek			Treasurer Name Tucker Lieberman			
Street Address			Street Address			
23 Camp St	Is			1117 Douglas Ave		
City	State	Zip	City	State	Zip	
Cumberland	RI	02864	Providence	RI	02904	
			ATTACHMENT) FILL IN SPA			
Director Name	ORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION SHALL Director Name	NOT BE LESS THAN THREE	(3). R.I.G.L. 7-6-23	
Howard Brown						
Street Address			Barbara Kilcup Street Address			
230 Lantern Lane E			22 Little Woods Path			
City	State	Zip	City	State	Zip	
North Kingstown	RI	02852	Wakefield	RI	02879	
Director Name			Director Name			
Janice Dexter-Ganek			Tucker Lieberman			
Street Address			Street Address			
23 Camp St			1117 Douglas Ave			
City	State	Zip	Спу	State	Zip	
Cumberland	RI	02864	Providence	RI	02904	
Agent Name		ND - DO NOT ALTER - C	Changes require filing of Fo	orm 641 - R.I.G.L. 7-6-13 / 7	7-6-78	
Address			City Zip			
230 LANDERN LN E			NORTH KINGSTT			
This report must	be signed by e	either the President. Vice	President, Secretary, Assistan			
•			, 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2		II word	

1 5 2 0 4 0 FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and at report, including any accompanying schedu	
statements contained herein are true and co	
Signature of Officer	Date

Howard Brown

Print or Type Name of Officer

President