

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 2009

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. '1.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 pendry fee of \$25.00

penalty fee of \$25.00.				*	· · · · · · · · · · · · · · · · · · ·	
1. Corporate II) No.	2 Name of Corporation					
30123	CONGREGATION MISHKON TFILOH					
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address			Сиу	Ζip	
RHODE ISLAND	203 SUMM			PROVIDENCE	02906	
5. Foreign corporation. Enter prin	ncipal office addre	a.	City	State	Zip	
6. Brief Description of the character TEWISH Proce	yer So	RVICES, JE	WISH STUDIES	Communa	lactivities	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATT. President Name			Vice President Name			
SAM ROTKOPF			DEBORAH HIRSCHON			
Street Address			Street Address			
162 SIXTH STREET			59 BURLINGTON STREET			
City	State	Zip	City	State	Zip	
PROVIDENCE	RI	02906	PROVIDENCE	RI	02906	
Secretary Name MIRIAM SNELL			Treasurer Name EUGENE GOLDENBERG			
Street Address 29 SIXTH STREET			Street Address 3 SLAISDELL AVE			
City	State	Zip	City	State	Zip	
PROVIDENCE	RI	02906	PAWTUCKET	RI	02860	
8. NAMES AND ADDRESSE	S OF THE DIR	ECTORS: ("X" BOX FOR	ATTACHMENT) TILL IN SPAC	ES BEFORE USING ATTAC	HMENTS	
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAN Director Name			ND) CORPORATION <u>SHALL N</u> Director Name	D) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23 Director Name		
BERNARD ENGEL			FRANK HALPER	FRANK HALPER		
Street Address			Street Address			
124 SIXTH STREET			145 SUMMIT AVE			
СИу	State	Zip	Сиу	State	Zip	
PROVIDENCE	RI	02906	PROVIDENCE	RI	02906	
Director Name MICHAEL WEINER			Director Name		•	
Street Address 234 5TH STREET			Street Address			
City	State	Zip	City	State	Zip	
PROVIDENCE	RI	02906	1			
9. REGISTERED AGENT IN	RHODE ISLAN	ND		1	•	
This information is currently	of record in the	e Office of the Secretary of	of State. Changes require filing of	Form 641 - R.J.G.L. 7-6-13/	7-6-78	
This report mus	t be signed by	either the President, Vic	e President, Secretary, Assistant	Secretary, Treasurer, Recei	iver or Trustee	

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File Date			
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FOR SECRETARY OF STATE USE ONLY

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Under penalty of perjury, I declare and aff	irm that I have examined this
report, including any accompanying schedu	
statements contained herein are true and con	rect.
1. 001 Ulm	Je 11/10/09
Signature of Officer	Date
EUGENE GOLDENBERG	
Print or Type Name of Officer	
TREASURER	
Title of Officer	