



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.5040

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010**

**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.

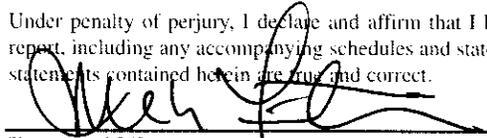
|  |                    |   |  |                           |                     |
|--|--------------------|---|--|---------------------------|---------------------|
| 1. Corporate ID No.<br><b>109166</b>   |                    | 2. Name of Corporation<br><b>PROVIDENCE HEBREW DAY SCHOOL SUPPORTING FOUNDATION</b> |  |                           |                     |
| 3. State of Incorporation<br><b>RHODE ISLAND</b>   |                    | 4. Corporate address in Rhode Island - Street Address<br><b>450 ELMGROVE AVENUE</b> |  | City<br><b>PROVIDENCE</b> | Zip<br><b>02906</b> |
| 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<br><b>TO CARRY OUT THE PURPOSE OF PROVIDENCE HEBREW DAY SCHOOL, INC. AND THE JEWISH FEDERATION OF RI</b> |                    |   |  |                           |                     |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |                    |   |  |                           |                     |
| President Name<br><b>FRANK HALPER</b>  |                    |   | Vice President Name<br><b>SHAMMAI WEINER</b> |                           |                     |
| Street Address<br><b>145 SUMMIT AVENUE</b>   |                    |   | Street Address<br><b>21 LEWIS STREET</b>     |                           |                     |
| City<br><b>PROVIDENCE</b>  | State<br><b>RI</b> | Zip<br><b>02906</b>   | City<br><b>PROVIDENCE</b>                    | State<br><b>RI</b>        | Zip<br><b>02906</b> |
| Secretary Name<br><b>MARK R. FEINSTEIN</b>   |                    |   | Treasurer Name<br><b>RUSSELL RASKIN</b>      |                           |                     |
| Street Address<br><b>400 LAUREL AVENUE</b>   |                    |   | Street Address<br><b>393 COLE AVENUE</b>     |                           |                     |
| City<br><b>PROVIDENCE</b>  | State<br><b>RI</b> | Zip<br><b>02906</b>   | City<br><b>PROVIDENCE</b>                    | State<br><b>RI</b>        | Zip<br><b>02906</b> |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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<br><b>ROBERT D. MANN</b>   |                    |   | Director Name<br><b>MARK R. FEINSTEIN</b>    |                           |                     |
| Street Address<br><b>50 CHANNING AVENUE</b>  |                    |   | Street Address<br><b>400 LAUREL AVENUE</b>   |                           |                     |
| City<br><b>PROVIDENCE</b>  | State<br><b>RI</b> | Zip<br><b>02906</b>   | City<br><b>PROVIDENCE</b>                    | State<br><b>RI</b>        | Zip<br><b>02906</b> |
| Director Name<br><b>FRANK HALPER</b>   |                    |   | Director Name<br><b>RUSSEL RASKIN</b>        |                           |                     |
| Street Address<br><b>145 SUMMIT AVENUE</b>   |                    |   | Street Address<br><b>393 COLE AVENUE</b>     |                           |                     |
| City<br><b>PROVIDENCE</b>  | State<br><b>RI</b> | Zip<br><b>02906</b>   | City<br><b>PROVIDENCE</b>                    | State<br><b>RI</b>        | Zip<br><b>02906</b> |
| 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 report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**FILED**

File Date **JUN 16 2010**  
 Check No. **BY 9083**  
 By: \_\_\_\_\_  
 FOR SECRETARY OF STATE USE ONLY

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.

 **6/15/10**  
 Signature of Officer Date

**MARK R. FEINSTEIN**  
 Print or Type Name of Officer

**SECRETARY**  
 Title of Officer