

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

401.

Filling Period: June 1 - June 30 • Filling 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.			,	reservoir by mio (R.I.G.L.)	-0-91) is subject to a
1. Corporate 1D No. 29414	2. Name of Corporatio	Rhode Island	Board or Rat	bis	
3. State of Incorporation P		n Rhode Island - Street Address 130 Se5S10	-	Providence	02906
5. Foreign corporation. Enter p	rincipal office address		City	State	Zip
6. Brief Description of the characte	er of the affairs which are	actually conducted in Rhodo to			<u> </u>
		_	in and fellow.	ship	
7, NAMES AND ADDRESS		RS: ("X" BOX FOR ATTACK		BEFORE USING ATTAC	HMENTS
President Name Robbi Peter W Stein			Vice President Name Rabbi Amy Levin		
Street Address 30 Hugen AVE City Cranstan State RI 240 0 2920			330 Park Ave.		
	State RI	0 9930	city Cranston	State PI	0 2930
Robb Modecai Rackons			Treasurer Name Rubbi Morde (E.) Rackons		
Street Address 80 Brown St.			Street Address 80 Brown St.		
our Providence	State RI	Zip 0 2906	City Prondence	State RI	02906
8. NAMES AND ADDRESSI	S OF THE DIRECTO	ORS: ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES	BEFORE USING ATTAC	HMENTS
THE NUMBER OF DIRECT	ORS OF A DOMEST	IC (RHODE ISLAND) (ORPORATION SHALL NOT	BE LESS THAN THREE	E (3). R.I.G.L. 7-6-23
Rubbi Alan Flam			Rabbi Wayne Franklin		
Street Address Brwn V	Iniversity Bo	× 1974	Street Address	Ft Ave	
Providence	State PI	ZIP 07917	Providence	State RI	Zip 0 2906
Director Name Rubbi	Scrah Muck	-	Director Name		
Street Address 70 Orchard AVR			Street Address		
Providence	State RI	Zip (7) 70406	City	State	Zip
). REGISTERED AGENT IN	RHODE ISLAND			. I	
This information is currently	of record in the Offic	e of the Secretary of State	. Changes require filing of For	m 641 - R.I.G.L. 7-6-13/7	7-6-78
This report mus	t be signed by either	the President, Vice Presi	dent, Secretary, Assistant Se	cretary, Treasurer, Recei	ver or Trustee

	FILED
File Date	WAR 2 9 2011
Check No	BY \88
Вуг	FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm to report, including any accompanying schedules an	hat I have examined this d statements, and that all
statements contained herein are true and correct.	3/11/11
Signature of Officer Petr W Stein	Date
Print or Type Name of Officer President	
Title of Officer	Form 631 Rev. 09/17