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

Fee: $20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation Annual Report

Filing Period: June 1 - June 30

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.

ANNUAL REPORT YEAR: 2011

1. Corporate ID No. 000152040

2. Name of Corporation Greater Rhode Island Center for Jewish Healing

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 230 LANTERN LANE EAST
City or Town: NORTH KINGSTOWN State: RI Zip: 02852 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO PROMOTE THE UNDERSTANDING AND PRACTICE OF JEWISH SPIRITUALITY AMONG THE JEWISH POPULATION OF GREATER RHODE ISLAND

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	JANICE DEXTER-GANEK	23 CAMP STREET CUMBERLAND, RI 02864 USA
PRESIDENT	HOWARD J BROWN	230 LANTERN LANE E NORTH KINGSTOWN, RI 02852- USA
OTHER OFFICER	HOWARD BROWN	230 LANTERN LN E N. KINGSTOWN, RI 02852 USA
DIRECTOR	BARBARA KILCUP	22 LITTLE WOODS PATH WAKEFIELD, RI 02879 USA
DIRECTOR	TUCKER LIEBERMAN	1117 DOUGLAS AVE PROVIDENCE, RI 02904 USA
DIRECTOR	BARBARA KILCUP	22 LITTLE WOODS PATH WAKEFIELD, RI 02879 US

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

HOWARD J. BROWN 230 LANTERN LANE E NORTH KINGSTOWN , RI 02852-

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

Signed this 11 Day of July, 2011 at 8:27:12 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By HOWARD BROWN
Signature of Officer of the Corporation

_X_ President or __ Vice President or __ Secretary or __ Assistant Secretary or

__ Treasurer or __ Receiver or __ Trustee (check one)

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.

Form No. 631
Revised 09/07

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