



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 APR 27 AM 10:40

1. Entity ID No. 29975		2. Exact name of the Corporation Temple Am David			
3. State of Incorporation RI		4. Corporate Address in RI - Street Address 40 Gardner St		City Warwick	Zip 02888
5. Foreign corporation. Enter principal office address				City	State
6. Brief description of the character of business conducted in Rhode Island					

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)

President Name Herbert Surjeu			Vice-President Name David Kerner		
Street Address 40 Sachem Dr.			Street Address 48 Blue Becke Dr		
City Cranston	State RI	Zip 02920	City W. Greenwich	State RI	Zip 02817
Secretary Name Beth Veltri			Treasurer Name Ellen Shaw		
Street Address 510 Algonquin Dr.			Street Address 26 Meadowlark Dr.		
City Warwick	State RI	Zip 02888	City Cranston	State RI	Zip 02921

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name Arnold Moses			Director Name Arthur Mossberg		
Street Address 25 Shady Oak Dr.			Street Address 135 Pilgrim Ave		
City Warwick	State RI	Zip 02888	City Coventry	State RI	Zip 02816
Director Name Esken Dinerman			Director Name Garnett Sock		
Street Address 22 West Haven Rd			Street Address 58 Hope Ave		
City Cranston	State RI	Zip 02920	City Warwick	State RI	Zip 02888

9. REGISTERED AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

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

FILED

APR 27 2012

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.

File Date _____

Check No _____

By: _____

Signature of Officer _____ Date _____

FOR SECRETARY OF STATE USE ONLY

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10:40

Print or Type Name of Officer
Herbert Surjeu

Title of Officer
President