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 2012

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.**

1. Entity ID No.	2. Exact name of the Corporation		
38676	PROVIDENCE ERUV CORPORATION		
3. State of Incorporation	4. Corporate Address in RI - Street Address	City	Zip
RHODE ISLAND	27 DRYDEN LANE	PROVIDENCE	02904
5. Foreign corporation. Enter principal office address	City	State	Zip
6. Brief description of the character of business conducted in Rhode Island			
RELIGIOUS			

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

President Name	Street Address	City	State	Zip
MARC DIAMOND	293 DOYLE AVENUE	PROVIDENCE	RI	02806

Vice-President Name	Street Address	City	State	Zip
RUTH KERZER	22 GLEN DRIVE	PROVIDENCE	RI	02906

Secretary Name	Street Address	City	State	Zip
BARRY BESSLER	21 GREATON ROAD	PROVIDENCE	RI	02906

Treasurer Name	Street Address	City	State	Zip
JAY N. ROSENSTEIN	27 DRYDEN LANE	PROVIDENCE	RI	02904

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

Director Name	Street Address	City	State	Zip
MARC DIAMOND	293 DOYLE AVENUE	PROVIDENCE	RI	02906

Director Name	Street Address	City	State	Zip
BARRY BESSLER	21 GREATON ROAD	PROVIDENCE	RI	02906

Director Name	Street Address	City	State	Zip
JAY N. ROSENSTEIN	27 DRYDEN LANE	PROVIDENCE	RI	02904

Director Name	Street Address	City	State	Zip

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

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
MAY 18 2012
1056

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.

Signature of Officer — Date: 5/17/12

JAY N. ROSENSTEIN
Print or Type Name of Officer

TREASURER
Title of Officer

Form No. 631
Revised: 01/2012
78256-14-734507