



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/business

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. 27518		2. Exact name of the Corporation The Newport Havurah			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island Religious			
5. Principal office address 2 Martin Street		City Newport		State RI	Zip 02840-3110
6. LIST ALL OFFICERS (NAMES AND ADDRESSES). ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Howard Newman		Vice-President Name Unfilled			
Street Address 55 Farewell Street		Street Address None			
City Newport	State RI	Zip 02840	City None	State	Zip
Secretary Name Ralph Klingbeil		Treasurer Name John Hough			
Street Address 53 Conanicus Avenue Apartment 1H		Street Address 56 Adams Drive			
City Jamestown	State RI	Zip 02835	City Portsmouth	State RI	Zip 02871-5402
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Lynne Glickman		Director Name Peter Shocket			
Street Address 13 Harborview Road		Street Address 38 Whittier Road			
City Portsmouth	State RI	Zip 02871	City Jamestown	State RI	Zip 02835
Director Name Len Katzman		Director Name Unfilled			
Street Address 162 Spring Hill Road		Street Address None			
City Portsmouth	State RI	Zip 02871	City None	State	Zip
8. 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

JUN 19 2012

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File Date _____
 Check No. _____
 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.

John C Hough June 16, 2012
 Signature of Officer Date

John C. Hough

Print or Type Name of Officer

Treasurer

Title of Officer