



**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. <b>27518</b>		2. Exact name of the Corporation <b>The Newport Havurah</b>			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island <b>Religious</b>			
5. Principal office address <b>2 Martin Street</b>		City <b>Newport</b>		State <b>RI</b>	Zip <b>02840-3110</b>
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES). ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <b>Howard Newman</b>			Vice-President Name <b>Unfilled</b>		
Street Address <b>55 Farewell Street</b>			Street Address <b>None</b>		
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>None</b>	State <b></b>	Zip <b></b>
Secretary Name <b>Ralph Klingbeil</b>			Treasurer Name <b>John Hough</b>		
Street Address <b>53 Conanicus Avenue Apartment 1H</b>			Street Address <b>56 Adams Drive</b>		
City <b>Jamestown</b>	State <b>RI</b>	Zip <b>02835</b>	City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871-5402</b>
<b>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"/></b>					
Director Name <b>Lynne Glickman</b>			Director Name <b>Peter Shocket</b>		
Street Address <b>13 Harborview Road</b>			Street Address <b>38 Whittier Road</b>		
City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>	City <b>Jamestown</b>	State <b>RI</b>	Zip <b>02835</b>
Director Name <b>Len Katzman</b>			Director Name <b>Unfilled</b>		
Street Address <b>162 Spring Hill Road</b>			Street Address <b>None</b>		
City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>	City <b>None</b>	State <b></b>	Zip <b></b>
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>					
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