



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. 109166		2. Exact name of the Corporation PROVIDENCE HEBREW DAY SCHOOL SUPPORTING FOUNDATION			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island OPERATE EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL AND/OR RELIGIOUS PURPOSES			
5. Principal office address 130 SESSIONS STREET		City PROVIDENCE	State RI	Zip 02906	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name FRANK HALPER		Vice-President Name SHAMMAI WEINER			
Street Address 130 SESSIONS STREET		Street Address 130 SESSIONS STREET			
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02906
Secretary Name SHAMMAI WEINER		Treasurer Name RUSSELL RASKIN			
Street Address 130 SESSIONS STREET		Street Address 130 SESSIONS STREET			
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02906
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name ROBERT MANN		Director Name HERBERT STERN			
Street Address 130 SESSIONS STREET		Street Address 130 SESSIONS STREET			
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02906
Director Name RUSSELL RASKIN		Director Name NONE			
Street Address 130 SESSIONS STREET		Street Address			
City PROVIDENCE	State RI	Zip 02906	City	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

File Date _____

Check No _____

By: _____

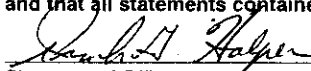
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FILED

JUN 21 2012

BY 24625

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

6/19/12
Date

Frank Halper

Print or Type Name of Officer

President

Title of Officer