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.	2. Exact name of the Corporation
109166	**PROVIDENCE HEBREW DAY SCHOOL SUPPORTING FOUNDATION**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RHODE ISLAND	**OPERATE EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL AND/OR RELIGIOUS PURPOSES**

5. Principal office address	City	State	Zip
130 SESSIONS STREET	**PROVIDENCE**	**RI**	**02906**

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

President Name	City	State	Zip	Vice-President Name	City	State	Zip
FRANK HALPER				**SHAMMAI WEINER**			
Street Address: **130 SESSIONS STREET**	**PROVIDENCE**	**RI**	**02906**	Street Address: **130 SESSIONS STREET**	**PROVIDENCE**	**RI**	**02906**
Secretary Name: **SHAMMAI WEINER**				Treasurer Name: **RUSSELL RASKIN**			
Street Address: **130 SESSIONS STREET**	**PROVIDENCE**	**RI**	**02906**	Street Address: **130 SESSIONS STREET**	**PROVIDENCE**	**RI**	**02906**

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

Director Name	City	State	Zip	Director Name	City	State	Zip
ROBERT MANN				**HERBERT STERN**			
Street Address: **130 SESSIONS STREET**	**PROVIDENCE**	**RI**	**02906**	Street Address: **130 SESSIONS STREET**	**PROVIDENCE**	**RI**	**02906**
Director Name: **RUSSELL RASKIN**				Director Name: **NONE**			
Street Address: **130 SESSIONS STREET**	**PROVIDENCE**	**RI**	**02906**	Street Address:			

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: _____

FOR SECRETARY OF STATE USE ONLY

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.

Frank Halper 6/19/12
Signature of Officer Date

Frank Halper
Print or Type Name of Officer

President
Title of Officer

Form No. 631
Revised: 05/2012
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