



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 **2013**

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. 117384		2. Exact name of the Corporation Eunice & Rubin Zeidman Charitable Trust, Inc.			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island For the collection, management and distribution of monies to be used for charitable, religious and/or educational purposes.			
5. Principal office address 631 Jefferson Boulevard		City Warwick		State RI	Zip 02886
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name May-Ronny Zeidman		Vice-President Name Garrett Sock			
Street Address 136 Shannon Drive		Street Address 59 Hope Avenue			
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02888
Secretary Name Arthur Zeidman		Treasurer Name May-Ronny Zeidman			
Street Address 136 West Lake		Street Address 136 Shannon Drive			
City Brandon	State MS	Zip	City Warwick	State RI	Zip 02889
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name May-Ronny Zeidman		Director Name Garrett Sock			
Street Address 136 Shannon Drive		Street Address 59 Hope Avenue			
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
Director Name Arthur Zeidman		Director Name Arnold Blasbalg			
Street Address 136 West Lake		Street Address 98 Wood Cove Drive			
City Brandon	State MS	Zip	City Coventry	State RI	Zip 02816
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

MAY 22 2013

BY 1289

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

May-Ronny Zeidman

Print or Type Name of Officer

President

Title of Officer

Date

5/14/13