



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

2013

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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 570158		2. Exact name of the Corporation Friends of B'nai Israel Cemetery			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Fund-raising			
5. Principal office address 224 Prospect St		City Woonsocket	State RI	Zip 02895	
LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Stephan R. Bloch			Vice-President Name Arthur Robbins		
Street Address 400 Foxboro Blvd Apt 8107			Street Address 50 Park Row West #803		
City Foxboro	State MA	Zip 02035	City Providence	State RI	Zip 02904
Secretary Name Rachel Rogovin			Treasurer Name Bernice Salzberg		
Street Address 127 Gibson Rd			Street Address 150 Great Rd		
City Bristol	State RI	Zip 02809	City No. Smithfield	State RI	Zip 02896
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 Lawrence Sadwin			Director Name Harris Harnick		
Street Address 18 Oyster Point			Street Address 24 Briarwood Road		
City Warren	State RI	Zip 02885	City Lincoln	State RI	Zip 02865
Director Name Maxine Rosenthal			Director Name Marilyn Bennett		
Street Address 11 Granite Rd			Street Address 776 Woonsocket Hill Road		
City Wilmington	State DE	Zip 19803	City No. Smithfield	State RI	Zip 02896
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
DEC 23 2013
 BY 128

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.

Stephan R. Bloch 12/4/13
 Signature of Officer _____ Date _____
Stephan R. Bloch

Print or Type Name of Officer _____
President
 Title of Officer _____