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 2014

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
26091	Women's Association of the Jewish Seniors Agency of RI
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
Rhode Island	Supports the efforts of the Jewish Seniors Agency of RI

5. Principal office address	City	State	Zip
100 Niantic Avenue	Providence	RI	02907

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

President Name	Vice-President Name
Sylvia Brown - Co-Vice President	Marcia Gerstein - Co-Vice President
Street Address: 455 Meshanticut Valley Parkway #306	Street Address: 12 Rhodes Avenue
City: Cranston, State: RI, Zip: 02920	City: East Providence, State: RI, Zip: 02915
Secretary Name	**Treasurer Name**
Bernice Weiner	Marcia Gerstein
Street Address: 315 Blackstone Blvd	Street Address: 12 Rhodes Avenue
City: Providence, State: RI, Zip: 02906	City: East Providence, State: RI, Zip: 02915

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

Director Name	Director Name
Bernice Weiner	Jane Jacober
Street Address: 315 Blackstone Blvd	Street Address: 30 Gilbert Stuart Drive
City: Providence, State: RI, Zip: 02906	City: East Greenwich, State: RI, Zip: 02818
Director Name	**Director Name**
Myrna Levine	Maybeth Lichaa
Street Address: 85 Granite Street	Street Address: 104 Governor Bradford Drive
City: East Greenwich, State: RI, Zip: 02818	City: Barrington, State: RI, Zip: 02806

. 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 12 2014
BY 463

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.

Marcia Gerstein 6/11/14
Signature of Officer — Date

~~Co-Vice President~~ MARCIA GERSTEIN
Print or Type Name of Officer

Co-Vice President
Title of Officer

Form No. 631
Revised: 05/2012