



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

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. 7995		2. Exact name of the Corporation Gemilath Chesed Hebrew Free Loan Association of Providence			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To loan money, free of interest, to any needy, responsible member in good standing whose character and self respect does not permit the acceptance of charity			
5. Principal office address 467-469 Roosevelt Ave		City Central Falls	State RI	Zip 02863	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name David Goldstein		Vice-President Name Barry Schiff			
Street Address 467-469 Roosevelt Ave		Street Address 467-469 Roosevelt Ave			
City Central Falls	State RI	Zip 02863	City Central Falls	State RI	Zip 02863
Secretary Name Jordan Horowitz		Treasurer Name Gerry Sherman			
Street Address 467-469 Roosevelt Ave		Street Address 467-469 Roosevelt Ave			
City Central Falls	State RI	Zip 02863	City Central Falls	State RI	Zip 02863
7. 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 Edward Steiner		Director Name Bernard Bieder			
Street Address 467-469 Roosevelt Ave		Street Address 467-469 Roosevelt Ave			
City Central Falls	State RI	Zip 02863	City Central Falls	State RI	Zip 02863
Director Name Jonathan Lentz		Director Name Bart Axelrod			
Street Address 467-469 Roosevelt Ave		Street Address 467-469 Roosevelt Ave			
City Central Falls	State RI	Zip 02863	City Central Falls	State RI	Zip 02863
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, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY **BY** _____

FILED

JUL 22 2014

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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.

Edward Steiner **06/06/2014**
 Signature of Officer or Authorized Representative Date

Edward Steiner Director

Print or Type Name of Officer or Authorized Representative