



**State of Rhode Island and Providence Plantations  
Department of State - Business Services Division**

148 W. River Street, Providence, Rhode Island 02904-2615  
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**Non-Profit Corporation Annual Report for the year: 2016**

Filing period: June 1 - June 30

Filing Fee: \$20.00 \*FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

|  |                 |   |  |                 |                        |
|--|-----------------|---|--|-----------------|------------------------|
| 1. Entity ID Number  |                 | 2. Exact name of the Corporation  |  |                 |                        |
| 38676  |                 | PROVIDENCE ERUV CORPORATION   |  |                 |                        |
| 3. State of Incorporation  |                 | 4. Brief description of the character of business conducted in Rhode Island |  |                 |                        |
| RHODE ISLAND   |                 | RELIGIOUS   |  |                 |                        |
| 5. Principal Office Address  |                 |   | City                                   | State           | Zip                    |
| 27 DRYDEN LANE   |                 |   | PROVIDENCE                             | RI              | 02904                  |
| 6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                 |   |  |                 |                        |
| President Name <b>MARC DIAMOND</b>   |                 |   | Vice-President Name <b>RUTH KERZER</b> |                 |                        |
| Street Address <b>293 DOYLE AVENUE</b>   |                 |   | Street Address <b>22 GLEN DRIVE</b>    |                 |                        |
| City <b>PROVIDENCE</b>   | State <b>RI</b> | Zip <b>02906</b>  | City <b>PROVIDENCE</b>                 | State <b>RI</b> | Zip <b>02906</b>       |
| Secretary Name <b>BARRY BESSLER</b>  |                 |   | Treasurer Name <b>JAY ROSENSTEIN</b>   |                 |                        |
| Street Address <b>21 GREATON ROAD</b>  |                 |   | Street Address <b>27 DRYDEN LANE</b>   |                 |                        |
| City <b>PROVIDENCE</b>   | State <b>RI</b> | Zip <b>02906</b>  | City <b>PROVIDENCE</b>                 | State <b>RI</b> | Zip <b>02904</b>       |
| 7. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                 |   |  |                 |                        |
| Director Name <b>MARC DIAMOND</b>  |                 |   | Director Name <b>BARRY BESSLER</b>     |                 |                        |
| Street Address <b>293 DOYLE AVENUE</b>   |                 |   | Street Address <b>21 GREATON ROAD</b>  |                 |                        |
| City <b>PROVIDENCE</b>   | State <b>RI</b> | Zip <b>02906</b>  | City <b>PROVIDENCE</b>                 | State <b>RI</b> | Zip <b>02906</b>       |
| Director Name <b>JAY ROSENSTEIN</b>  |                 |   | Director Name                          |                 |                        |
| Street Address <b>27 DRYDEN LANE</b>   |                 |   | Street Address                         |                 |                        |
| City <b>PROVIDENCE</b>   | State <b>RI</b> | Zip <b>02904</b>  | City                                   | State           | Zip                    |
| 8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.  |                 |   |  |                 |                        |
| <b>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.</b>        |                 |   |  |                 |                        |
| <i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>   |                 |   |  |                 |                        |
| Name of Officer/Authorized Representative<br><b>JAY ROSENSTEIN, TREASURER</b>  |                 |   |  |                 | Date<br><b>5/18/16</b> |
| Signature of Officer/Authorized Representative<br> <b>SIGN DOCUMENT HERE</b>  |                 |   |  |                 |                        |

**FILED** *RL*

**MAY 23 2016**

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