



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

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: 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 MARC DIAMOND		Vice-President Name RUTH KERZER			
Street Address 293 DOYLE AVENUE		Street Address 22 GLEN DRIVE			
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02906
Secretary Name BARRY BESSLER		Treasurer Name JAY ROSENSTEIN			
Street Address 21 GREATON ROAD		Street Address 27 DRYDEN LANE			
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02904
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name MARC DIAMOND		Director Name BARRY BESSLER			
Street Address 293 DOYLE AVENUE		Street Address 21 GREATON ROAD			
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02906
Director Name JAY ROSENSTEIN		Director Name			
Street Address 27 DRYDEN LANE		Street Address			
City PROVIDENCE	State RI	Zip 02904	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 JAY ROSENSTEIN, TREASURER				Date 5/18/16	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

FILED

MAY 23 2016

BY

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