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 2016

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
30123	CONGREGATION MISHKON TFILOH
3. State of Incorporation: RI	4. Brief description of the character of business conducted in Rhode Island: SYNAGOGUE

5. Principal office address	City	State	Zip
203 SUMMIT AVE	PROVIDENCE	RI	02906

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

President Name	Street Address	City	State	Zip
STEVEN WEINER	21 LEWIS STREET	PROVIDENCE	RI	02906

Vice-President Name	Street Address	City	State	Zip

Secretary Name	Street Address	City	State	Zip
SANDRA RUBIN	43 GENEVA STREET	PAWTUCKET	RI	02860

Treasurer Name	Street Address	City	State	Zip
FRANK HALPER	145 SUMMIT AVE	PROVIDENCE	RI	02906

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

Director Name	Street Address	City	State	Zip
DAVID BIELORY	23 SARAH STREET	PROVIDENCE	RI	02906

Director Name	Street Address	City	State	Zip
MARC DIAMOND	293 DOYLE AVE	PROVIDENCE	RI	02906

Director Name	Street Address	City	State	Zip
MARC ADLER	185 LAUREL AVE	PROVIDENCE	RI	02906

Director Name	Street Address	City	State	Zip

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

FILED
MAY 25 2016
BY KL 6189

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.

Frank H Halper — MAY 23 2016
Signature of Officer or Authorized Representative — Date

FRANK HALPER
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014