

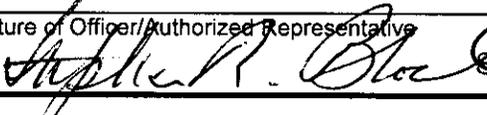


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016

Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 570158		2. Exact name of the Corporation FRIENDS OF B'NAI ISRAEL CEMETERY			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island FUND-RAISING TO SUPPORT CONGREGATIONAL CEMETERY			
5. Principal Office Address 224 PROSPECT STREET			City WOONSOCKET	State RI	Zip 02895
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name STEPHAN R. BLOCH			Vice-President Name ARTHUR ROBBINS		
Street Address 20 NEWMAN AVE, UNIT 409			Street Address 50 PARK ROW WEST #803		
City RUMFORD	State RI	Zip 02916	City PROVIDENCE	State RI	Zip 02903
Secretary Name			Treasurer Name BERNICE SALZBERG		
Street Address			Street Address 150 GREAT ROAD		
City	State	Zip	City N. SMITHFIELD	State RI	Zip 02896
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name LAWRENCE SADWIN			Director Name HARRIS D. HARNICK		
Street Address 18 OYSTER POINT			Street Address 24 BRIARWOOD ROAD		
City WARREN	State RI	Zip 02885	City LINCOLN	State RI	Zip 02865
Director Name MARILYN BENNETT			Director Name RACHEL ROGOVIN		
Street Address 776 WOONSOCKET HILL ROAD			Street Address 127 GIBSON ROAD		
City N. SMITHFIELD	State RI	Zip 02896	City BRISTOL	State RI	Zip 02809
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<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 STEPHAN R. BLOCH				Date 6/10/16	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

FILED

JUN 13 2016

BY KL 147

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov



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Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name MAXINE ROSENTHAL			Director Name		
Street Address 1704 N. PARK DRIVE #514			Street Address		
City WILMINGTON	State DE	Zip 19806	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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