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	2 Evactor						
29999	<b>■</b> \	2. Exact name of the Corporation  Temple Shalom					
State of Incorporation		Brief description of the character of business conducted in Rhode Island					
Rhode Island			racter of business conducted Educational and Charita				
5. Principal Office Address		, , , , , , , , , , , , , , , , , , , ,		<del></del>			
223 Valley Road			City	State	Zip		
			Middletown	RI	02842		
6. List ALL officers (names an				Check the box to	indicate an attachment		
President Name Martha Ullm			Vice-President Name Lisa	Kotlen			
Street Address 9 Sakonnet Terrace			Street Address 31 Foxhil				
<sup>City</sup> Middletown	State RI	<sup>Zip</sup> 02842	City Bristol	State RI	<sup>Zip</sup> 02809		
Secretary Name Emily Anthony			Treasurer Name David Na	Treasurer Name David Nathanson			
Street Address 105 Bayview Drive				Street Address 108 Second Street, Unit 3A			
<sup>City</sup> Jamestown	State RI	<sup>Zip</sup> 02835	City Newport	State RI	Zip 02840Scott We		
7. List ALL directors (names a	and addresses). I	RI Corporations Mf	UST list at least THREE dire				
Director Name Scott Weining			Director Name Jeffrey Ma	Check the box	to indicate an attachment		
Street Address 20 Compton View Drive			Street Address 728 Bristo	ol Ferry Road			
City Middletown	State RI	<sup>Zip</sup> 02842	City Portsmouth	State RI	<sup>Zip</sup> 02871		
Director Name Marsha Jagolinzer			Director Name Robert Helmbrecht				
Street Address 417 Forest Avenue, Apt. 116				Street Address 3 Bailey Terrace			
<sup>City</sup> Middletown	State RI	<sup>Zip</sup> 02842	City Middletown	State RI	<sup>Zip</sup> 02842		
8. Registered Agent in Rhode	Island. This inforr	nation is currently of	record in the Department of Star	te. Changes require filin	g Form 641		
Under penalty of perjury, I de statements, and that all state	leclare and affirm	m that I have exam	mined this report including	g any accompanying	schedules and		
This report must be signed by either the	e President, Vice Pre	sident, Secretary, Assis	stant Secretary. Treasurer, duly Autho	vizad Representative, Rece	iters on Tauring		
Name of Officer/Authorized Re	epresentative	· · · · · · · · · · · · · · · · · · ·		Date	ver or trustee.		
David Nathanson			<u> </u>	7/11/	1/1		
Signature of Officer/Authorized			CUMENT HERE				
		war.					

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

JUL 15 2016

FORM 631 - Revised: 05/2016



## TEMPLE SHALOM

223 Valley Road

Middletown, RI 02842

(401) 846 - 9002

www.templeshalomri.org

contact@templeshalomri.org

ID 29999

RABBI MARC S. JAGOLINZER

FREDRIC SCHEFF
Cantor

MARTHA ULLMAN
President

LISA KOTLEN
DAVID FASTOVSKY
Vice Presidents

DAVID NATHANSON Treasurer

Corresponding Secretary

RUTH ZIEGLER Financial Secretary

EMILY ANTHONY Recording Secretary

ROBERT HELMBRECHT MARSHA JAGOLINZER JEFFREY MARTIN SCOTT WEININGER Board of Trustees

ALVIN MARCOVICI Immediate Past President Officers Continued

**David Fastovsky-Vice President** 

153 Dockray Street

Wakefield, RI 02879

**Ruth Ziegler-Financial Secretary** 

114 Redwood Road

Portsmouth, RI 02871

Alvin Marcovici-Director

11 Clark's Cove Drive

Dartmouth, MA02748