



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000980675

2. Name of Corporation CHABAD HOUSE OF NORTHERN RI INC.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 7 WAKE ROBIN RD

UNIT# 1402

City or Town: LINCOLN

State: RI

Zip: 02865

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town:

State:

Zip:

Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO PROMOTE AND SPREAD THE JEWISH RELIGION IN ACCORDANCE WITH THE
TEACHINGS AS SET FORTH BY THE REBBE OF LUBAVITCH

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	ARYEH LAUFER	7 WAKE ROBIN RD #1402 LINCOLN, RI 02865 USA
DIRECTOR	YOSEF OKUNOV	520 CROWN STREET #A16

		BROOKLYN, NY 11213 USA
SECRETARY	HAYA LAUFER	7 WAKE ROBIN RD #1402 LINCOLN, RI 02865 USA
DIRECTOR	MENACHEIM M. LEVIN	24 CRESELL ROAD WORCESTER, MA 01602 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

ARYEH LAUFER 7 WAKE ROBIN ROAD, UNIT 1402 LINCOLN , RI 02865

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 28 Day of July, 2016 at 1:53:20 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By ARYEH LAUFER
Signature of Authorized Person

Form No. 631
Revised 09/07

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