RI SOS Filing Number: 201729734850 Date: 01/09/2017 4:00 PM

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. Exact name of the Corporation
29502	SOUTH PROVIDENCE HEBREW FREE LOAN ASSOCIATION
3. State of Incorporation: RI	4. Brief description of the character of business conducted in Rhode Island: LOANING MONEY TO THE NEEDY MEMBERS WITH NO INTEREST

5. Principal Office Address	City	State	Zip
400 RESERVOIR AVE. LLA	PROVIDENCE	RI.	02907

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
STEVAN LABUSH	ROBERT DINER
Street Address: 101 KENNEDY DRIVE	Street Address: 5 PRESCOTT DR.
City: WARWICK State: RI. Zip: 02889	City: JOHNSTON State: RI. Zip: 02919
Secretary Name	**Treasurer Name**
JOHN CATANIA	STEPHEN TRAGAR
Street Address: 28 MARION AVE.	Street Address: 12 EDGEKNOLL AVE.
City: CRANSTON State: RI. Zip: 02905	City: WARWICK State: RI. Zip: 02888

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name	Director Name
MIKE DINER	HARVEY MICHAELS
Street Address: 5 PRESCOTT DR.	Street Address: 228 BELVEDERE DR.
City: JOHNSTON State: RI. Zip: 02919	City: CRANSTON State: RI. Zip: 02910
Director Name: SAMUEL BUCKLER	Director Name: HERMAN WALLOCK
Street Address: 250 B. MAYFIELD AVE	Street Address: 32 FERNCREST AVE
City: CRANSTON State: RI. Zip: 02920	City: CRANSTON State: RI. Zip: 02908

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.

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

Name of Officer/Authorized Representative	Date
JOHN J. CATANIA	1/4/2017

Signature of Officer/Authorized Representative: John J. Catania SIGN DOCUMENT HERE

FILED
JAN 09 2017
BY 79666

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

FORM 631 - Revised: 05/2016