



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

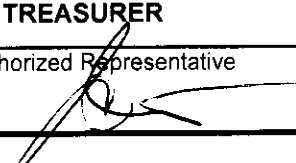
Annual Report for the year: **2017**

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 38676		2. Exact name of the Corporation PROVIDENCE ERUV CORPORATION			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island RELIGIOUS			
4. NAICS Code 813130					
6. Principal Office Address 27 DRYDEN LANE		City PROVIDENCE		State RI	Zip 02904
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MARC DIAMOND		Vice-President Name RUTH KERZER			
Street Address 293 DOYLE AVENUE		Street Address 22 GLEN DRIVE			
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02906
Secretary Name ELAINE SAKLAD		Treasurer Name JAY ROSENSTEIN			
Street Address 11 MOUNT AVENUE		Street Address 27 DRYDEN LANE			
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02904
8. 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 MARC DIAMOND		Director Name JAY ROSENSTEIN			
Street Address 293 DOYLE AVENUE		Street Address 27 DRYDEN LANE			
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02904
Director Name ELAINE SAKLAD		Director Name LEONARD MOISE			
Street Address 11 MOUNT AVENUE		Street Address 322 COLE AVENUE			
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02906
9. 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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative JAY ROSENSTEIN, TREASURER					Date 6/1/17
Signature of Officer/Authorized Representative 					

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

FILED
JUL 10 2017
BY 1026

PROVIDENCE ERUV CORPORATION
ENTITY ID # 38676

DIRECTORS NAMES:

JEREMY GOODMAN
525 ELMGROVE AVENUE
PROVIDENCE, RI 02906

FILED

JUL 19 2017

BY

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