



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

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SECRETARY OF STATE
CORPORATIONS DIV

Annual Report for the year: **2018**

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.

2018 JUN -6 PM 12:51

1. Entity ID Number 1672009		2. Exact name of the Corporation Jewish Seniors of Rhode Island Foundation	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Providing funding for the Jewish Seniors Agency of Rhode Island, establishing and funding programs to benefit past and present clients of such corporation and needy individuals, and providing grants to other charitable, tax-exempt organizations	
4. NAICS Code 624190 - Other Individual and F			
6. Principal Office Address 100 Niantic Avenue		City Providence	State RI Zip 02907
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name James Galkin		Vice-President Name	
Street Address 100 Niantic Avenue		Street Address	
City Providence	State RI	Zip 02907	
Secretary Name Jeffrey Padwa		Treasurer Name Ellis Waldman	
Street Address 100 Niantic Avenue		Street Address 100 Niantic Avenue	
City Providence	State RI	Zip 02907	
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 James Galkin		Director Name Ellis Waldman	
Street Address 100 Niantic Avenue		Street Address 100 Niantic Avenue	
City Providence	State RI	Zip 02907	
Director Name Jeffrey Padwa		Director Name Susan Leach DeBlasio	
Street Address 100 Niantic Avenue		Street Address 100 Niantic Avenue	
City Providence	State RI	Zip 02907	
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.			
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 Edward D. Feldstein		Date May 16, 2018	
Signature of Officer/Authorized Representative <i>Edward D. Feldstein</i> 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

JUN 06 2018

BY *Ch 332084*

FORM 631 - Revised: 11/2017

1672009

8. Directors (continued)

Vincent Mor
100 Niantic Avenue
Providence, RI 02907