



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

2018 JUN -6 PM 12:51

→ 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 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 ☐					
President Name James Galkin			Vice-President Name		
Street Address 100 Niantic Avenue			Street Address		
City Providence	State RI	Zip 02907	City	State	Zip
Secretary Name Jeffrey Padwa			Treasurer Name Ellis Waldman		
Street Address 100 Niantic Avenue			Street Address 100 Niantic Avenue		
City Providence	State RI	Zip 02907	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 ☒					
Director Name James Galkin			Director Name Ellis Waldman		
Street Address 100 Niantic Avenue			Street Address 100 Niantic Avenue		
City Providence	State RI	Zip 02907	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	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

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BY Ch 332084

FORM 631 - Revised: 11/2017

1672009

8. Directors (continued)

Vincent Mor
100 Niantic Avenue
Providence, RI 02907