RI SOS Filing Number: 201868838240 Date: 6/7/2018 4:00:00 PM

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

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.

STA. F

1. Entity ID Number	2. Exact name of the Corporation
29502	SOUTH PROVIDENCE HEBREW FREE LOAN ASSOCIATION
3. State of Incorporation: RI.	5. Brief description of the character of business conducted in Rhode Island: LOANING MONEY TO THE NEEDY MEMBERS WITH NO INTEREST.
4. NAICS Code: 813319	

6. Principal Office Address	City	State	Zip
400 RESERVOIR AVE, #LLA	PROVIDENCE	RI.	02907

7. 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 DRIVE.
City: WARWICK / State: RI. / Zip: 02889	City: JOHNSTON / State: RI. / Zip: 02919
Secretary Name	**Treasurer Name**
JOHN CATANIA	MIKE DINER
Street Address: 28 MARION AVE.	Street Address: 5 PRESCOTT DRIVE
City: CRANSTON / State: RI. / Zip: 02905	City: JOHNSTON / State: RI. / Zip: 02919

8. 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
HARVEY MICHAELS	SAMUEL BUCKLER
Street Address: 228 BELVEDERE DRIVE	Street Address: 250 B MAYFIELD AVE
City: CRANSTON / State: RI. / Zip: 02912	City: CRANSTON / State: RI. / Zip: 02920
Director Name	**Director Name**
HERMAN WALLOCK	TODD HARRIS
Street Address: 32 FERNCREST AVE.	Street Address: 6 PRESCOTT AVE
City: CRANSTON / State: RI. / Zip: 02908	City: JOHNSTON / State: RI. / Zip: 02919

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	Date
JOHN J. CATANIA	6/6/2018

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

FILED
JUN 07 2018
BY 8050

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: 11/2017