



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

Annual Report for the year:
Non-Profit Corporation

2018

37A.F

- 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 29502 | | 2. Exact name of the Corporation 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 400 RESERVOIR AVE, #44A | | 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 STEVEN LABUSH | | Vice-President Name ROBERT DIVER | |
| Street Address 101 KENNEDY DRIVE | | Street Address 5 PRESCOTT DRIVE | |
| City WARWICK | State RI. | City JOHNSTON | State RI. |
| Zip 02889 | | Zip 02919 | |
| Secretary Name JOHN CATANIA | | Treasurer Name MIKE DIVER | |
| Street Address 28 MARION AVE. | | Street Address 5 PRESCOTT DRIVE | |
| City CRANSTON | State RI. | City JOHNSTON | State RI. |
| Zip 02905 | | Zip 02919 | |
| 8. List ALL directors (names and addresses) RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/> | | | |
| Director Name HARVEY MICHAELS | | Director Name SAMUEL BUCKLER | |
| Street Address 228 BELVEDERE DRIVE | | Street Address 250 B MAYFIELD AVE | |
| City CRANSTON | State RI. | City CRANSTON | State RI. |
| Zip 02912 | | Zip 02920 | |
| Director Name HERMAN WALLOCK | | Director Name TODD HARRIS | |
| Street Address 32 FERNCREST AVE. | | Street Address 6 PRESCOTT AVE | |
| City CRANSTON | State RI. | City JOHNSTON | State RI. |
| Zip 02908 | | 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. | | | |
| <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 JOHN J. CATANIA | | | Date 6/6/2018 |
| Signature of Officer/Authorized Representative <i>John J. Catania</i> | | | |

SIGN DOCUMENT HERE

FILED

JUN 07 2018

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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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