



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2018

**1. Corporate ID No.** 000038522

**2. Name of Corporation** Hillel Foundation at the University of Rhode Island

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813110

**4. Corporate Address in Rhode Island**

No. and Street: 6 FRATERNITY CIRCLE

City or Town: KINGSTON

State: RI

Zip: 02881

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO PROVIDE FOR THE SOCIAL, CULTURAL, EDUCATIONAL, RELIGIOUS AND PERSONAL WELFARE OF JEWISH STUDENTS AT THE URI.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	ADAM ROTH	170 IRVING AVE PROVIDENCE, RI 02906 USA
TREASURER	RON FREEMAN	131 SILVERWOOD LA WEST WARWICK, RI 02893 USA
SECRETARY	NAOMI BAINE	551 EAST AVE. PAWTUCKET, RI 02860 USA
CEO	AMY OLSON	6 FRATERNITY CIRCLE KINGSTON, RI 02881 USA
DIRECTOR	MARTIN WALDMAN	51 STADIUM RD. PROVIDENCE, RI 02906 USA
DIRECTOR	BARBARA SOKOLOFF	59 HARWICH RD. PROVIDENCE, RI 02906 USA
DIRECTOR	DAVID TALAN	25 SANTIAGO ST PROVIDENCE, RI 02907 USA
DIRECTOR	HENRY WINKLEMAN	99 MARION STREET APT 1 BROOKLINE, MA 02446 USA
DIRECTOR	LOUIS KIRSCHENBAUM	1783 SOUTH ROAD KINGSTON, RI 02881 USA
DIRECTOR	JHODI REDLICH	162 SPRING HILL ROAD PORTSMOUTH, RI 02871 USA
DIRECTOR	MARK ROSS	173 SHADOW BROOK DRIVE WARWICK, RI 02886 USA
DIRECTOR	ARTHUR NORMAN	100 TABER AVE. PROVIDENCE, RI 02906 USA
DIRECTOR	JAYNE RICHMOND	90 MEADOW TREE FARM ROAD SAUNDERSTOWN, RI 02874 USA
DIRECTOR	RUTH JARRETT	133 TERRE MAR NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	SUSAN LEACH DEBLASIO	70 INTERVALE RD PROVIDENCE, RI 02906 USA
DIRECTOR	AMY COHEN	50 PARK ROW WEST APT. 505 PROVIDENCE, RI 02903 USA
DIRECTOR	LILY NIETO	3 5TH AVE. NARRAGANSETT, RI 02882 USA
DIRECTOR	ALAN VERSKIN	44 E. MANNING ST. PROVIDENCE, RI 02906 USA
DIRECTOR	SETH FINKLE	100 OAKDALE ST. UNIT 47 ATTLEBORO, MA 02703 USA
DIRECTOR	WILLIAM KRIEGER	15 8TH ST. PROVIDENCE, RI 02906 USA
DIRECTOR	REBECCA SCHIFF	31 DECK ST. JAMESTOWN, RI 02835 USA
DIRECTOR	CLAIRE PERLMAN	180 SHADY COVE RD NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	AMY WEISS	58 DIXON ST. WAKEFIELD, RI 02979 USA

BRUCE A. WOLPERT, ESQ. 10 DORRANCE STREET, SUITE 530 PROVIDENCE , RI 02903

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 8 Day of June, 2018 at 11:04:52 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By AMY OLSON  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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