



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

RECEIVED
 SECRETARY OF STATE
 CORPORATION DIVISION
 JUN 21 AM 9:57

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.

1. Entity ID Number 30123		2. Exact name of the Corporation CONGREGATION MISHKON TFILOH			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island SYNAGOGUE			
4. NAICS Code <i>813110 Religious organization</i>					
6. Principal Office Address 203 SUMMIT AVENUE			City PROVIDENCE	State RI	Zip 02906
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name STEVEN WEINER			Vice-President Name		
Street Address 21 LEWIS STREET			Street Address		
City PROVIDENCE	State RI	Zip 02906	City	State	Zip
Secretary Name SANDRA RUBIN			Treasurer Name FRANK G. HALPER		
Street Address 32 GENEVA STREET			Street Address 145 SUMMIT AVENUE		
City PAWTUCKET	State RI	Zip 02860	City PROVIDENCE	State RI	Zip 02906
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 DAVID BIELORY			Director Name MARC DIAMOND		
Street Address 23 SARAH STREET			Street Address 293 DOYLE AVENUE		
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02906
Director Name MARC ADLER			Director Name		
Street Address 185 LAUREL AVENUE			Street Address		
City PROVIDENCE	State RI	Zip 02906	City	State	Zip
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.					
<i>This report must be signed by either the President, Vice-President, Secretary Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative FRANK G. HALPER				Date 6/1/18	
Signature of Officer/Authorized Representative <i>Frank G Halper</i>				SIGN DOCUMENT HERE FILED	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

9:57

JUN 21 2018

BY *JP* 333178