



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.

RECEIVED
STATE OF RHODE ISLAND
SECRETARY OF STATE
CORPORATIONS DIV
2018 JUL 19 AM 11:11

1. Entity ID Number 143688		2. Exact name of the Corporation Jewish Seniors Assisted Living Support Corporation			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Operate exclusively for charitable, education and/or religious purposes for disbursing funds to assist subsidizing Jewish applicants of Tamarisk who demonstrate financial need.			
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 Susan Vederman			Vice-President Name James Galkin		
Street Address 100 Niantic Avenue			Street Address 100 Niantic Avenue		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Secretary Name Myrna Levine			Treasurer Name Irving Weinreich		
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 Bea Ross			Director Name Irving Weinreich		
Street Address 100 Niantic Avenue			Street Address 100 Niantic Avenue		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Director Name James Galkin			Director Name		
Street Address 100 Niantic Avenue			Street Address		
City Providence	State RI	Zip 02907	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 Susan Vederman				Date 7/16/18	
Signature of Officer/Authorized Representative <i>Susan Vederman</i>				FILED 10-10-2018 335194 11:11 BY	
SIGN DOCUMENT HERE					

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