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.

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SECRETARY OF STATE
CORPORATIONS DIV
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1. Entity ID Number	2. Exact name of the Corporation
143688	**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	City	State	Zip
100 Niantic Avenue	**Providence**	**RI**	**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.

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
Susan Vederman	**7/16/18**

Signature of Officer/Authorized Representative

SIGN DOCUMENT HERE

FILED
JUL 10 2018
BY 33514
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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

FORM 631 - Revised: 11/2017