



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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STATE
SECRETARY OF
CORPORATIONS
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1. Entity ID Number 76588		2. Exact name of the Corporation Shalom II Housing, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Housing for the elderly			
4. NAICS Code 624120 - Services for Elderly ar					
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 Jeffrey Padwa			Vice-President Name Bernice Weiner		
Street Address 100 Niantic Avenue			Street Address 100 Niantic Avenue		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Secretary Name Ruby Shalansky			Treasurer Name Drew Kaplan		
Street Address 100 Niantic Avenue			Street Address 100 Niantic Avenue		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name James Galkin			Director Name Ruby Shalansky		
Street Address 100 Niantic Avenue			Street Address 100 Niantic Avenue		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Director Name David Leach			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 Jeffrey Padwa				Date 7/16/18	
Signature of Officer/Authorized Representative 				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

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