RI SOS Filing Number: 201872585750 Date: 7/19/2018 4:00:00 PM

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 for	orm is not filed by	July 30.			SECRET CORPO
Entity ID Number 2. Exact name of the Corporation			n		<u> </u>
1675502	Jewish Collaborative Services <u>≥ Öç</u>				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode			hode Island	= 55 55 55 55 55 55 55 55 55 55 55 55 55
Rhode Island	Ministering to the concerns of the elderly, family counseling and other charitable—work among				
4. NAICS Code	people of the	Jewish faith and	d the general community.		10 H
624190 - Other Individual and F					•
6. Principal Office Address			City	State	Zip
959 North Main Street			Providence	RI	02904
7. List ALL officers (names and add	resses)			Check the box to indic	ate an attachment
President Name Jeffrey Padwa			Vice-President Name Marisa Garber :		
Street Address 25 Margrave Avenue			Street Address 26 Halsey Street		
City Providence	State RI	Zip 02906	City Providence	State RI	^{Zip} 02906
Secretary Name Mindy Stone	•	<u> </u>	Treasurer Name Deborah N	landell	· · · · · · · · · · · · · · · · · · ·
Street Address 151 Woodbury Street			Street Address 47 Prince Street		
City Providence	State RI	Zip 02906	City Attleboro	State MA	Zip 02703
8. List ALL directors (names and add	dresses). RI Cor	porations MUST	list at least THREE directors.	Check the box to indic	ate an attachment
Director Name Elaine Budish			Director Name Avital Chatto		
Street Address 363 Orms Street			Street Address 34 Hart Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02906
Director Name Douglas Emanuel			Director Name		
Street Address 101 Mount Avenue			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Registered Agent in Rhode Island	. This information	is currently of reco	ord in the Department of State. Cha	inges require filing Form 64	<u> </u>
Under penalty of perjury, I declare statements, and that all statemen				accompanying schedu	iles and
This report must be signed by either the President				apresentative, Receiver or Trus	ilee
Name of Officer/Authorized Represe Marisa Garber	entative			Date 7/16/18	
Signatule of Officer/Apphorized Repr	resentative	CICN DO	CUMENT HERE	FILED	

Phone: (401) 222-3040 Website: www.sos.ri.gov