



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: June 1 - June 30*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2019

**1. Corporate ID No.** 001680363

**2. Name of Corporation** Rhode Island Coalition for Israel

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

813319

**4. Corporate Address in Rhode Island**

No. and Street: PO BOX 358

City or Town: SAUNDERSTOWN

State: RI

Zip: 02874

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

THE MISSION OF THE ORGANIZATION SHALL BE PRESERVATION OF WESTERN JUDEO  
CHRISTIAN VALUES IN AMERICA AND AMERICAS ALLIANCE WITH ISRAEL THROUGH  
A WORKING GRASSROOTS PARTNERSHIP OF CHRISTANS AND JEWS

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title**

**Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

| <b>Title</b>   | <b>Individual Name</b><br>First, Middle, Last, Suffix | <b>Address</b><br>Address, City or Town, State, Zip Code, Country |
|----------------|---|---|
| PRESIDENT      | MARY BILLINGS GREENE                                  | 1221 SAUGATUCKET ROAD<br>WAKEFIELD, RI 02879 USA                  |
| TREASURER      | KEN SCHNEIDER   | 33 RUMFORD AVE<br>EAST PROVIDENCE, RI 02916 US                    |
| SECRETARY      | LUANN PEZZULLO  | 471 METACOM AVE<br>BRISTOL, RI 02809 US                           |
| VICE-PRESIDENT | DAVID TALAN   | 25 SANTIAGO ST<br>PROVIDENCE, RI 02907 US                         |
| DIRECTOR       | MARY BILLINGS GREENE                                  | 1221 SAUGATUCKET ROAD, APT 326E<br>WAKEFIELD, RI 02879 USA        |
| DIRECTOR       | DAVID TALAN   | 25 SANTIAGO STREET<br>PROVIDENCE, RI 02907 USA                    |
| DIRECTOR       | LUANN PEZZULLO  | 471 METACOM AVENUE<br>BRISTOL, RI 02809 USA                       |
| DIRECTOR       | SY DILL   | 125 GOVERNOR ST<br>PROVIDENCE, RI 02906 US                        |
| DIRECTOR       | RON KATZ  | 16 KIRKBRÆ DR<br>LINCOLN, RI 02865 US                             |
| DIRECTOR       | BEVERLY BROZINSKI                                     | 214 KETTLE POND DR<br>WAKEFIELD, RI 02879 US                      |

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

HOWARD BROWN 230 LANTERN LANE E NORTH KINGSTOWN , RI 02852

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 7 Day of June, 2019 at 2:21:08 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By HOWARD BROWN  
Signature of Authorized Person

Form No. 631  
Revised 09/07