



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV

Annual Report for the year:

Non-Profit Corporation

2019

2019 JUN 21 PM 1:53

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 848022		2. Exact name of the Corporation MERKOS L'INJONET CHINCH INC			
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island PROVIDING FOR JEWISH SENIORS IN PROVIDENCE, R.I.			
4. NAICS Code 813410					
6. Principal Office Address 48 SAVOY ST		City PROV.	State R.I.	Zip 02906	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name YEHOSHUA LAUFER			Vice-President Name		
Street Address 48 SAVOY ST			Street Address		
City PROV.	State R.I.	Zip 02906	City	State	Zip
Secretary Name MICHELLE LAUFER			Treasurer Name YEHOSHUA LAUFER		
Street Address 48 SAVOY ST			Street Address 48 SAVOY ST.		
City PROV.	State R.I.	Zip 02906	City PROV.	State R.I.	Zip 02906
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name YEHOSHUA LAUFER			Director Name ARYEH LAUFER		
Street Address 48 SAVOY ST.			Street Address 360 HOPE ST		
City PROV. R.I.	State R.I.	Zip 02906	City PROV.	State R.I.	Zip 02906
Director Name MICHELLE LAUFER			Director Name		
Street Address 48 SAVOY ST			Street Address		
City PROV.	State R.I.	Zip 02906	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 YEHOSHUA LAUFER					Date June 21/19
Signature of Officer/Authorized Representative Yehoshua Laufer					FILED

JUN 21 2019

BY

AQQM9

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov