



**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: 2020

1. Corporate ID No. 000143688

2. Name of Corporation Jewish Seniors Assisted Living Support Corporation

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

4. Corporate Address in Rhode Island

No. and Street: 1165 NORTH MAIN STREET
City or Town: PROVIDENCE

State: RI Zip: 02904 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

DISBURSING FUNDS TO ASSIST IN SUBSIDIZING JEWISH APPLICANTS FOR, AND JEWISH RESIDENTS OF, THE PHYLLIS SIPERSTEIN TAMARISK ASSISTED LIVING RESIDENCE OPERATED BY TAMARISK, INC. WHO DEMONSTRATE FINANCIAL NEED

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Incorporator is no longer applicable; please delete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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MARISA GARBER	26 HALSEY ST PROVIDENCE, RI 02906 USA
TREASURER	DEBORAH MANDELL	47 PRINCE ST ATTLEBORO, MA 02703 USA
SECRETARY	MYRNA LEVINE	85 GRANITE ST EAST GREENWICH, RI 02818 USA
VICE PRESIDENT	MINDY STONE	142 PROSPECT ST PROVIDENCE, RI 02906 USA
DIRECTOR	ELAINE BUDISH	363 ORMS ST PROVIDENCE, RI 02908 USA
DIRECTOR	RICHARD LICHT	765 WESTMINSTER ST PROVIDENCE, RI 02903 USA
DIRECTOR	VINCENT MOR	167 ANGELL ST PROVIDENCE, RI 02912 USA
DIRECTOR	JEFFREY PADWA	2 MARGRAVE AVE PROVIDENCE, RI 02906 USA
DIRECTOR	AARON SIMON	186 LAUREL AVE PROVIDENCE, RI 02906 USA
DIRECTOR	SHARON SOCK	142 PROSPECT ST PROVIDENCE, RI 02906 USA
DIRECTOR	NEICIE WEINER	315 BLACKSTONE BLVD PROVIDENCE, RI 02906 USA
DIRECTOR	DOUGLAS EMANUEL	101 MOUNT AVE PROVIDENCE, RI 02906 USA
DIRECTOR	BONNIE RYVICKER	46 ALTON RD PROVIDENCE, RI 02906 USA
DIRECTOR	ELLIS WALDMAN	11 WINFIELD CT PROVIDENCE, RI 02906 USA
DIRECTOR	AMANDA ISENBERG	75 EAST ORCHARD ST PROVIDENCE, RI 02906 USA
DIRECTOR	AVITAL CHATTO	34 HART ST PROVIDENCE, RI 02906 USA
DIRECTOR	STUART EINHORN	45 EAMES ST PROVIDENCE, RI 02906 USA
DIRECTOR	MINNA ELLISON	114 LORIMER AVE PROVIDENCE, RI 02906 USA
DIRECTOR	JIM GALKIN	73 WHITEWOOD DR CRANSTON, RI 02920 USA

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

ROBERT P. LANDAU ROBERTS, CARROLL FELDSTEIN & PEIRCE 10 WEYBOSSET STREET, SUITE
800 PROVIDENCE , RI 02903

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

Signed this 30 Day of June, 2020 at 11:55:07 AM 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 RENEE ST. JOHN
Signature of Authorized Person

Form No. 631
Revised 09/07

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