Stat	e 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			
HOPE	(401) 222-3040			
Non-Profit Corporation Annual Report Filing Period: June 1 - June 30				
	S-94, each corporation failing or refusing to file its annual d by law (R.I.G.L. 7-6-91) is subject to a penalty fee of			
ANNUAL REPORT YEAR: 20	020			
1. Corporate ID No. 000027518				
2. Name of Corporation The Newport Havurah				
3. State of Incorporation				
State: <u>RI</u>				
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 <u>click here.</u>				
NAICS Code		6		
<u>813110</u>				
4. Corporate Address in Rh	ode Island			
No. and Street: <u>55 FAR</u>	EWELL STREET			
City or Town: <u>NEWP</u>	<u>ORT</u> State: RI Zip: <u>02840</u> Cour	ntry: USA		
5. Foreign Corporation. Ent	er Principal Office Address			
No. and Street:				
City or Town: State:	Zip: Country:			
6. Brief Description of the C	haracter of the Affairs Which are Actually Conducted in Rho	de Island		
RELIGIOUS				
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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete				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	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
TREASURER	PAUL LACROIX	134 MIDDLE STREET NORTH KINGSTOWN, RI 02852 USA
SECRETARY	RALPH KLINGBEIL	53 CONANICUS AVENUE JAMESTOWN, RI 02835 USA
PRESIDENT	HOWARD NEWMAN	55 FAREWELL STREET NEWPORT, RI 02840 USA
DIRECTOR	ANN ZARTLER	30 JUNIPER CIRCLE JAMESTOWN, RI 02835 USA
DIRECTOR	LEN KATZMAN	162 SPRING HILL ROAD PORTSMOUTH, RI 02871 USA
DIRECTOR	ARLEEN HOUGH	56 ADAMS DRIVE PORTSMOUTH, RI 02871 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

PAUL M. LACROIX 134 MIDDLE STREET 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 30 Day of June, 2020 at 7:27:12 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 <u>PAUL LACROIX</u>

Signature of Authorized Person

Form No. 631 Revised 09/07

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