



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS RECEIVED  
Office of the Secretary of State - Division of Business Services DEPT. OF STATE  
148 W. River Street, Providence, Rhode Island 02904-2615 BUS SVCS DIV  
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

2020 JUN 30 PM 4:08

# NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2020

Filing Period: June 1 - June 30 - This report must be typed or printed legibly.

Filing Fee: \$20.00 - FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE: 2020

1. Entity ID No. <b>000848022</b>		2. Exact name of the Corporation <b>MERKOS LANYONEI CHINUCH INC CHABAD R.I. D.B.A.</b>	
3. State of Incorporation <b>R.I.</b>		4. Brief description of the character of business conducted in Rhode Island <b>PROVIDING FOR JEWISH SENIORS IN PROV. R.I.</b>	
5. Principal office address <b>48 SAVOY ST PROV. R.I.</b>		City	State <b>R.I.</b>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>		Zip <b>02906</b>	
President Name <b>YEHOSSUA LAUFER</b>		Vice-President Name	
Street Address <b>48 SAVOY ST</b>		Street Address	
City <b>PROV.</b>	State <b>R.I.</b>	Zip <b>02906</b>	
Secretary Name <b>MICHELLE LAUFER</b>		Treasurer Name <b>YEHOSSUA LAUFER</b>	
Street Address <b>48 SAVOY ST</b>		Street Address <b>48 SAVOY ST</b>	
City <b>PROV.</b>	State <b>R.I.</b>	Zip <b>02906</b>	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>			
Director Name <b>YEHOSSUA LAUFER</b>		Director Name <b>ARYE LAUFER</b>	
Street Address <b>48 SAVOY ST</b>		Street Address <b>320 HOPE ST</b>	
City <b>PROV.</b>	State <b>R.I.</b>	Zip <b>02906</b>	
Director Name <b>MICHELLE LAUFER</b>		Director Name	
Street Address <b>48 SAVOY ST</b>		Street Address	
City <b>PROV.</b>	State <b>R.I.</b>	Zip <b>02906</b>	
8. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.			

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

File Date	
Check No.	
By	
FOR SECRETARY OF STATE USE ONLY	

FILED

JUN 30 2020

BY **SQ69X**

4:08

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.

**Yehoshua Laufer** 2020  
Signature of Officer or Authorized Representative Date

**YEHOSSUA LAUFER**  
Print or Type Name of Officer or Authorized Representative