



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

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Annual Report for the year: 2019

Non-Profit Corporation

- 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 000030796		2. Exact name of the Corporation The Congregation Ohawe Sholam of Pawtucket, R.I.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To conduct religious services and education in the Jewish Religion			
4. NAICS Code 813110					
6. Principal Office Address 671 East Avenue		City Pawtucket	State RI	Zip 02860	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David G. Pliskin			Vice-President Name None		
Street Address 77 Blodgett Ave.			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Secretary Name Linda Kessler			Treasurer Name Linda Kessler		
Street Address 9 Blodgett Avenue			Street Address 9 Blodgett Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
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 David G. Pliskin			Director Name Linda Kessler		
Street Address 77 Blodgett Avenue			Street Address 9 Blodgett Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Director Name Michael Pompili			Director Name Arlene Goldstein		
Street Address 25 Glenwood Avenue			Street Address 147 Pond Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative David G. Pliskin				Date 7/28/2020	
Signature of Officer/Authorized Representative <i>David G. Pliskin</i>				SIGN DOCUMENT: FILED	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.n.gov

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 FORM 634 - Revised: 06/2019