RI SOS Filing Number: 202197875070 Date: 6/7/2021 2:30:00 PM



State of Rhode Island Office of the Secretary of State

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: 2021

- 1. Corporate ID No. 000038522
- 2. Name of Corporation Hillel Foundation at the University of Rhode Island
- 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 <u>click here.</u>

NAICS Code

|

Fee: \$20.00

813110

4. Principal Office Address

No. and Street:

6 FRATERNITY CIRCLE

City or Town:

KINGSTON

State: RI

Zip: 02881

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town:

State: Zip:

Country:

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TO PROVIDE FOR THE SOCIAL, CULTURAL, EDUCATIONAL, RELIGIOUS AND PERSONAL WELFARE OF JEWISH STUDENTS AT THE URI.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ERIC SHORR	160 FERNWOOD DR EAST GREENWICH, RI 02818 USA
TREASURER	RON FREEMAN	131 SILVERWOOD LA WEST WARWICK, RI 02893 USA
SECRETARY	TONYA GLANTZ	277 NORWOOD AVE CARNSTON, RI 02905 USA
CEO	AMY OLSON	6 FRATERNITY CIRCLE KINGSTON, RI 02881 USA
VICE PRESIDENT	SETH FINKLE	100 OAKDALE ST. UNIT 47 ATTLEBORO, MA 02703 USA
DIRECTOR	RICHARD LAND	85 PARTRIDGE RUN EAST GEENWICH, RI 02818 USA
DIRECTOR	RUTH JARRETT	133 TERRE MAR NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	SUSAN LEACH DEBLASIO	70 INTERVALE RD PROVIDENCE, RI 02906 USA
DIRECTOR	LILY NIETO	3 5TH AVE. NARRAGANSETT, RI 02882 USA
DIRECTOR	ALAN VERSKIN	44 E. MANNING ST. PROVIDENCE, RI 02906 USA
DIRECTOR	WILLIAM KRIEGER	15 8TH ST. PROVIDENCE, RI 02906 USA
DIRECTOR	CLAIRE PERLMAN	180 SHADY COVE RD NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	CARA MITNICK	58 3RD ST BARRINGTON, RI 02806 USA
DIRECTOR	SABRINA BROTONS	640 W 4TH ST UNIT 315 LONG BEACH, CA 90802 USA
DIRECTOR	JOIE MAGNONE	16 TAYLOR LN WARWICK, RI 02886 USA
DIRECTOR	STEVEN LIEBERMENSCH	24 TALIA CT NARRAGANSETT, RI 02882 USA
DIRECTOR	JAYNE RICHMOND	468 KINGSTOWN RD APR. 12 WAKEFIELD, RI 02879 USA
DIRECTOR	BARBARA SOKOLOFF	59 HARWICH RD. PROVIDENCE, RI 02906 USA
DIRECTOR	DAVID TALAN	25 SANTIAGO ST PROVIDENCE, RI 02907 USA
DIRECTOR	HENRY WINKLEMAN	99 MARION STREET APT 1 BROOKLINE, MA 02446 USA
DIRECTOR	LOUIS KIRSCHENBAUM	1783 SOUTH ROAD KINGSTON, RI 02881 USA
DIRECTOR	MARK ROSS	173 SHADOW BROOK DRIVE WARWICK, RI 02886 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

BRUCE A. WOLPERT, ESQ. 10 DORRANCE STREET, SUITE 530 PROVIDENCE, RI 02903

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary,

Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 7 Day of June, 2021 at 2:34:38 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 AMY OLSON

Signature of Authorized Person

Form No. 631 Revised 09/07

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