



RI SOS Filing Number: 202199464920 Date: 7/21/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2021

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R.I. DEPT. OF STATE
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- 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 29502		2. Exact name of the Corporation SOUTH PROVIDENCE HEBREW FREE LOAN ASSOCIATION	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island LOANING MONEY TO THE NEEDY MEMBERS WITH NO INTEREST.	
4. NAICS Code 813319			
6. Principal Office Address 2845 POST RD, SUITE #105		City WARWICK	State RI
		Zip 02886	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name BARRY SCHIFF		Vice-President Name BARRY ACKERMAN	
Street Address 68 MAURAN ST.		Street Address 6 SHELTER LANE	
City CRAWSTON	State RI	City CUMBERLAND	State RI
Zip 02910		Zip 02564	
Secretary Name ELLIOTT PRITIKIN		Treasurer Name JEFF DAVIS	
Street Address 51 CAMBRIDGE CIRCLE		Street Address 101 RIVER FARMS DR.	
City SMITHFIELD	State RI	City WEST WARWICK	State RI
Zip 02917		Zip 02893	
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 MICHAEL DRIVER		Director Name MICHAEL LEVIN	
Street Address 5 PRESCOTT DRIVE		Street Address 21 MARSHALL RD.	
City JOHNSTON	State RI	City CRAWSTON	State RI
Zip 02919		Zip 02920	
Director Name BARBARA REFFKIN		Director Name RABBI ETHAN ADLER	
Street Address 22 CLOVERDALE RD.		Street Address 60 NEPTUNE ST.	
City CRAWSTON	State RI	City CRAWSTON	State RI
Zip 02905		Zip 02920	
9. The Registered Agent information of record with the RI Department of State is accurate. 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.			
This report must be signed by either the President, Vice-President, Secretary Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee			
Name of Officer/Authorized Representative JOHN J. CATANIA			Date 7/15/21
Signature of Officer/Authorized Representative <i>John J. Catania</i>			

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

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FORM 631 - Revised: 08/2020