



Department of State - Business Services Division

Annual Report for the year:

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.

2021RECEIVED 7/21
R.I. DEPT. OF STATE
BUS SVCS DIV

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|---------------------------------------|--|
| 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

| | | | |
|--|--|---------------------|---------------------|
| President Name BARRY SCHIFF | Vice-President Name BARRY ACKERMAN | | |
| Street Address 68 MAURAN ST. | Street Address 6 SHELTER LANE | | |
| City CRANSTON | City CUMBERLAND | State RI | Zip 02564 |
| Secretary Name ELLIOTT PRITIKIN | Treasurer Name JEFF DAVIS | | |
| Street Address 51 CAMBRIDGE CIRCLE | Street Address 101 RIVER FARMS DR. | | |
| City SMITHFIELD | City WEST WARWICK | State RI. | Zip 02893 |

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment

| | | | |
|--|---|---------------------|---------------------|
| Director Name MICHAEL DIVER | Director Name MICHAEL LEVIN | | |
| Street Address 5 PRESCOTT DRIVE | Street Address 21 MARSHALL RD. | | |
| City JOHNSTON | City CRANSTON | State RI. | Zip 02920 |
| Director Name BARBARA REFFKIN | Director Name BARBI ETHAN ADLER | | |
| Street Address 22 CLOVERDALE RD. | Street Address 60 NEVETUNE ST. | | |
| City CRANSTON | City CRANSTON | State RI. | 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 John J. Catania | FILED ^m |
|--|--------------------|

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