



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

STAMP

FEB 24 2022

BY

2022/08

1. Entity ID Number 000029982		2. Exact name of the Corporation Temple Emanuel			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Non-Profit Religious Institution			
4. NAICS Code 813110 - Religious Organization <input checked="" type="checkbox"/>					
6. Principal Office Address 99 Taft Avenue		City Providence		State RI	Zip 02906
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
President Name Charles Blackman		Vice-President Name Pam Kaitin-Miller			
Street Address 17 Leicester Way		Street Address 68 Ogden Street			
City Pawtucket	State RI	Zip 02860	City Providence	State RI	Zip 02906
Secretary Name Stephanie Trachtenburg		Treasurer Name Jeff Levy			
Street Address 63 Carriage Drive		Street Address 515 Wayland Avenue			
City Lincoln	State RI	Zip 02865	City Providence	State RI	Zip 02906
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 Steven Goliger		Director Name Alison Walter			
Street Address 35 Astral Avenue		Street Address 1 Harian Road			
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Director Name Toby Leibowitz		Director Name Terrence Sullivan			
Street Address 898 Bullocks Point Avenue		Street Address 6 Cole Brook Court			
City Riverside	State RI	Zip 02915	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 PAUL STOUBER				Date 2/17/22	
Signature of Officer/Authorized Representative 					