



RI SOS Filing Number: 202327986720 Date: 2/6/2023 4:00:00 PM
State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Non-Profit Corporation

FEB 06 2023

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→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

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

1. Entity ID Number 38676		2. Exact name of the Corporation PROVIDENCE ERUV CORPORATION			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island RELIGIOUS			
4. NAICS Code 813110 - Religious Organization <input type="checkbox"/>					
6. Principal Office Address 110 SAVOY STREET		City PROVIDENCE		State RI	Zip 02906
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MARC DIAMOND			Vice-President Name		
Street Address 293 DOYLE AVENUE			Street Address		
City PROVIDENCE	State RI	Zip 02906	City	State	Zip
Secretary Name ELAINE SAKLAD			Treasurer Name ROBERT SCHLOSS		
Street Address 11 MOUNT AVENUE			Street Address 110 SAVOY STREET		
City PROVIDENCE	State RI	Zip 02906	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 MARC DIAMOND			Director Name ELAINE SAKLAD		
Street Address 293 DOYLE AVENUE			Street Address 11 MOUNT AVENUE		
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02906
Director Name LEONARD MOISE			Director Name		
Street Address 322 COLE AVENUE			Street Address		
City PROVIDENCE	State RI	Zip 02906	City	State	Zip
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 ROBERT SCHLOSS, TREASURER				Date 2-2-23	
Signature of Officer/Authorized Representative <i>Robert Schloss</i>					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov