



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2023**

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.

FILED
MAY 15 2023
BY *[Signature]*

1. Entity ID Number 000030199		2. Exact name of the Corporation Touro Fraternal Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Fraternal Association			
4. NAICS Code 813990					
6. Principal Office Address 45 Rolfe Square			City Cranston	State RI	Zip 02910
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Stevan Labush			Vice-President Name Jeffrey Davis		
Street Address 101 Kennedy Drive			Street Address 103 River Farms Drive		
City Warwick	State RI	Zip 02889	City West Warwick	State RI	Zip 02893
Secretary Name Bruce Wasser			Treasurer Name Jonathan Finkle		
Street Address 121 Nanci Karen Drive			Street Address 76 Misty Oak Drive		
City Warwick	State RI	Zip 02886	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Barry Ackerman			Director Name Larry Berman		
Street Address 6 Shelter Lane			Street Address 71 Roosevelt Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Director Name Jed Brandes			Director Name Adam Finkelstein		
Street Address 75 Julia Street			Street Address 24 Jodie Beth Drive		
City Cranston	State RI	Zip 02910	City East Greenwich	State RI	Zip 02818
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Stevan Labush				Date 05/10/2023	
Signature of Officer/Authorized Representative <i>[Signature]</i>					

MAIL TO:
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