	State of Rhode Office of the Secreta		Fee: \$20.00	
P 🔶 🖌	Division Of Busines	-		
	148 W. River S			
	Providence RI 029	04-2615		
1636	(401) 222-30	40		
Non-Profit Corporation Annual Report Filing Period: February 1 - Ma	ny 1			
In accordance with R.I.G.L. 7- annual report within the time p penalty fee of \$25.00.			s	
ANNUAL REPORT YEAR - E	NTER THE <u>CURRENT</u> FILING	(EAR 2023 : <u>2023</u>		
1. Corporate ID No. <u>000791822</u>				
2. Name of Corporation PROJECT SHORESH OF RHODE ISLAND, INC.				
3. State of Incorporation				
State: <u>RI</u>				
	NAICS CODE			
Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here.</u>				
NAICS Code				
<u>813110</u>				
4. Principal Office Address				
No. and Street: 15 HA	RT STREET			
<u>15 m</u>	<u>IDENCE</u> State: <u>R</u>	21 Zip: <u>02906</u>	Country: <u>USA</u>	
5. Brief Description of the C	haracter of the Affairs Condu	ucted in Rhode Islar	nd	
A PLACE OF WORSHIP, AN INSTITUTION OF RELIGIOUS EDUCATION, CULTURAL				
AND SOCIAL SUPPORT				
6. Names and Addresses of	the Officers and Directors:			
All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.				
Title	Individual Name	Ad	dress	

	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country	
PRESIDENT	NATHAN KARP	15 HART STREET PROVIDENCE, RI 02906 USA	
DIRECTOR	MENACHEM WEISSMANN	25 ELMWAY PROVIDENCE, RI 02906 USA	
DIRECTOR	MARC ADLER	185 LAUREL AVE. PROVIDENCE, RI 02906 USA	
DIRECTOR	UDO BENZ	670 HOPE STREET PROVIDENCE, RI 02906 USA	
DIRECTOR	MARC GERTSACOV	35 BOXWOOD DR. EAST GREENWICH, RI 02818 USA	
DIRECTOR	ARI STEIN	436 MORRIS AVENUE PROVIDENCE, RI 02906 USA	

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

NATHAN KARG 15 HART STREET PROVIDENCE , RI 02906

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 29 Day of June, 2023 at 9:53:50 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that*

acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By <u>NATHAN KARP</u> Signature of Authorized Per

Signature of Authorized Person

Form No. 631 Revised 09/07

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