	State of Rhode Office of the Secreta		Fee: \$20.00		
	Division Of Busines 148 W. River S				
	Providence RI 029				
7636	(401) 222-30	40			
Non-Profit Corporation					
Annual Report Filing Period: February 1 - Ma	v 1				
In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a					
penalty fee of \$25.00.					
ANNUAL REPORT YEAR - EN	ITER THE CURRENT YEAR 2	024 : <u>2024</u>			
1. Corporate ID No. 0000	56771				
2. Name of Corporation <u>TORAH DAY CAMP, CAMP CHAVERIM</u>					
3. State of Incorporation					
State: <u>RI</u>					
NAICS CODE					
Using the dropdown labeled N primary type of activity in whi populate a NAICS Code base box on the right. For further a	ch your entity engages. The d on the chosen selection. If	box to the right of the the NAICS Code is ki	e dropdown will		
NAICS Code					
<u>813110</u>					
4. Principal Office Address					
No. and Street: 23 FLM	WAY STREET				
City or Town: <u>PROVI</u>		: <u>RI</u> Zip: <u>02906</u>	Country: <u>USA</u>		
5. Brief Description of the Cl	naracter of the Affairs Condu	ucted in Rhode Island	i		
DAY CAMP					
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		ress		
<u> </u>	First, Middle, Last, Suffix	Address, City or Town,	State, Zip Code, Country		

TREASURER	YECHEZKEL YUDKOWSKY	23 ELMWAY STREET PROVIDENCE, RI 02906 USA	
SECRETARY	ROCHEL KARP	154 EMELINE STREET PROVIDENCE, RI 02906 USA	
VICE PRESIDENT	SHIFRA YUDKOWSKY	23 ELMWAY STREET PROVIDENCE, RI 02906 USA	
PRESIDENT	ABRAHAM JAKUBOWICZ	47 SARGENT AVENUE PROVIDENCE, RI 02906 USA	
DIRECTOR	YECHEZKEL YUDKOWSKY	23 ELMWAY ST PROVIDENCE, RI 02906 UNI	
DIRECTOR	SHIFRA YUDKOWSKY	23 ELMWAY ST PROVIDENCE, RI 02906 USA	
DIRECTOR	TZIPPORA PUREC	434 MORRIS AVE. PROVIDENCE, RI 02906 USA	
DIRECTOR	YECHEZKEL YUDKOWSKY	23 ELMWAY STREET 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

RABBI ABRAHAM JAKUBOWICZ 47 SARGENT AVENUE 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 30 Day of January, 2024 at 10:48:49 AM 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 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>YECHEZKEL ARYEH YUDKOWSKY</u>

Signature of Authorized Person

Form No. 631 Revised 09/07

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