| | State of Rhode Island Office of the Secretary of State | Fee: \$20.00 |
|---|--|----------------|
| | Division Of Business Services | |
| | 148 W. River Street | |
| | Providence RI 02904-2615 | |
| 7636 | (401) 222-3040 | |
| Non-Profit Corpora | tion | |
| Annual Report | | |
| Filing Period: February | y 1 - May 1 | |
| | I.G.L. 7-6-94, each corporation failing or refusing to file its ne time prescribed by law (R.I.G.L. 7-6-91) is subject to a | |
| ANNUAL REPORT YE | EAR - ENTER THE CURRENT YEAR 2024 : <u>2024</u> | |
| 1. Corporate ID No. | 001752590 | |
| 2. Name of Corporat | tion Community Beit Midrash of Rhode Island, INC | |
| 3. State of Incorpora | ation | |
| State: <u>RI</u> | | |
| | NAICS CODE | |
| primary type of activi populate a NAICS Co | labeled NAICS Code below, select the classification title that des ty in which your entity engages. The box to the right of the drop ode based on the chosen selection. If the NAICS Code is known, further assistance with selecting a classification <u>click here.</u> | down will |
| NAICS Code | | |
| <u>813110</u> | | |
| | | |
| 4. Principal Office A | ddress | |
| No. and Street: | 15 8TH ST | |
| City or Town: | | ry: <u>USA</u> |
| 5. Brief Description of | of the Character of the Affairs Conducted in Rhode Island | |
| | DRUM FOR HIGH-LEVEL, PLURALISTIC TORAH/JEWIS | <u>H</u> |
| EDUCATION AND | <u>STUDY</u> | |
| FOR TWEENS, TE | ENS, AND THE COMMUNITY AT LARGE. | |
| 6. Names and Addre | esses of the Officers and Directors: | |
| | ficers must be listed individually. The number of DIRECTORS (shall not be less than 3. | of a Rhode |
| • | | |

| Title | Individual Name First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country | |
|--------------|--|--|--|
| TREASURER | ADRIANE SCHOEN | 95 OSPREY DRIVE EAST GREENWICH, RI 02818 USA | |
| INCORPORATOR | BARRY DOLINGER | 551 EAST AVENUE PAWTUCKET, RI 02860 USA | |
| DIRECTOR | MICHAEL FEL | 97 EMELINE STREET PROVIDENCE, RI 02906 USA | |
| DIRECTOR | ANDREA KATZMAN | 260 4TH STREET PROVIDENCE, RI 02906 USA | |
| DIRECTOR | REBECCA SCHORSCH | 9 PHILLIPS STREET PROVIDENCE, RI 02906 USA | |
| DIRECTOR | ELAN BABCHUCK | 630 ELMGROVE AVENUE PROVIDENCE, RI 02906 USA | |
| DIRECTOR | BARRY DOLINGER | 551 EAST AVENUE PAWTUCKET, RI 02860 USA | |
| DIRECTOR | RACHEL WODA | 131 HILLSIDE AVENUE PROVIDENCE, RI 02906 USA | |
| DIRECTOR | ALIZA KRIEGER | 15 8TH STREET PROVIDENCE, RI 02906 USA | |
| DIRECTOR | NAVAH LEVINE | 141 IVY 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

ALIZA KRIEGER 15 8TH 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 6 Day of March, 2024 at 11:55:59 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 ADRIANE SCHOEN

Signature of Authorized Person

Form No. 631 Revised 09/07