

**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
(401) 222-3040**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 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 - ENTER THE CURRENT YEAR 2024: 2024**1. Corporate ID No.** 000980675**2. Name of Corporation** CHABAD HOUSE OF NORTHERN RI INC.**3. State of Incorporation**State: RI**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 [click here](#).

NAICS Code

813110**4. Principal Office Address**No. and Street: 1767 OLD LOUSQUISSET PIKECity or Town: LINCOLNState: RI Zip: 02865 Country: USA**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**TO PROMOTE AND SPREAD THE JEWISH RELIGION IN ACCORDANCE WITH THE
TEACHINGS AS SET FORTH BY THE REBBE OF LUBAVITCH**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	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
SECRETARY	HAYA LAUFER	1767 OLD LOUISQUISSET PIKE LINCOLN, RI 02865 USA
DIRECOTR	MENACHEM LEVIN	1767 OLD LOUISQUISSET PIKE LINCOLN, RI 02865 USA
DIRECOTR	YOSEF OKUNOV	1767 OLD LOUISQUISSET PIKE LINCOLN, RI 02865 USA
DIRECTOR	ARYEH LAUFER	1767 OLD LOUISQUISSET PIKE LINCOLN, RI 02865 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

ARYEH LAUFER 1767 OLD LOUISQUISSET PIKE LINCOLN , RI 02865

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 May, 2024 at 3:06:16 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 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 ARYEH LAUFER
Signature of Authorized Person

Form No. 631
Revised 09/07

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