



State of Rhode Island  
Department of State - Business Services Division

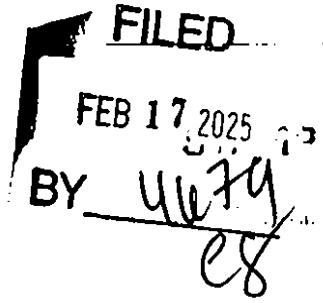
Annual Report for the year: 2025

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.



1. Entity ID Number 000029982		2. Exact name of the Corporation TEMPLE EMANUEL			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island A NON PROFIT RELIGIOUS INSTITUTION			
4. NAICS Code 813110		248			
6. Principal Office Address 99 TAFT AVENUE			City PROVIDENCE	State RI	Zip 02903
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name PAM KAITIN-MILLER			Vice-President Name AUDREY KUPCHAN		
Street Address 68 OGDEN STREET			Street Address 9 STRAWBERRY DRIVE		
City PROVIDENCE	State RI	Zip 02906	City BARRINGTON	State RI	Zip 02806
Secretary Name STEPHANIE TRACHTENBERG			Treasurer Name JEFF LEVY		
Street Address 63 CARRIAGE DRIVE			Street Address 515 WAYLAND AVENUE		
City LINCOLN	State RI	Zip 02865	City PROVIDENCE	State RI	Zip 02906
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name STEVEN GOLINGER			Director Name DEBRA PAGE		
Street Address 35 ASTRAL AVENUE			Street Address 194 CHACE AVENUE		
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02906
Director Name LESLIE MARKS-HERSHEY			Director Name TERRENCE SULLIVAN		
Street Address 15 PARIS STREET			Street Address 6 COLE BROOK COURT		
City PAWTUCKET	State RI	Zip 02860	City CRANSTON	State RI	Zip 02920
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative <b>PAUL STOUBER</b>					Date 1/29/2025
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)