



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: June 1 - June 30 • **Filing Fee:** \$20.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* 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.

1. Corporate ID No. 30400		2. Name of Corporation RHODE ISLAND JEWISH FRATERNAL ASSOC.	
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 4 REGO AVENUE	
		City BRISTOL	Zip 02809
5. Foreign corporation. Enter principal office address		City	State
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island NON PROFIT FUNERAL ASSOC.			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name WILLIAM SOLENGER		Vice President Name NORMAN BAZAR	
Street Address 35 LESLIE AVE.		Street Address 93 BROADMUR RD.	
City CRANSTON	State RI	Zip 02910	City CRANSTON
Secretary Name ARTHUR CLINE		Treasurer Name DAVID BRANDT	
Street Address 715 PUTNAM PIKE		Street Address 68 WOODSTOCK LANE	
City SMITHFIELD	State RI	Zip 02910	City CRANSTON
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name IRA BAZAR		Director Name DAVID BRANDT	
Street Address 9067 BAY POINTE CIRCLE		Street Address 68 WOODSTOCK LANE	
City W. PALM BEACH	State FL	Zip 33411	City CRANSTON
Director Name WILLIAM SOLENGER		Director Name	
Street Address 35 LESLIE AVE		Street Address	
City CRANSTON	State RI	Zip 02910	City
9. REGISTERED AGENT IN RHODE ISLAND KIMBERLY PIRES			
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78			

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED	
File Date	JUN 11 2009
Check No.	
By:	By [Signature]
FOR SECRETARY OF STATE USE ONLY	

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.

[Signature]
Signature of Officer
DAVID BRANDT
Print or Type Name of Officer
TREASURER
Title of Officer