State of Rhode Island and Providence Plantations Fee: \$20.00 Office of the Secretary of State			
Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040			
Non-Profit Corporation Annual Report Filing Period: June 1 - June 30			
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: 2018			
1. Corporate ID No. 000007995			
2. Name of Corporation Gemilath Chesed Hebrew Free Loan Association of Providence			
3. State of Incorporation			
State: <u>RI</u>			
ARTICLE III			
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 <u>click here</u> .			
813219			
<u>613217</u>			
4. Corporate Address in Rhode Island			
No. and Street: <u>P.O. BOX 3665</u>			
City or Town: <u>CRANSTON</u> State: RI Zip: <u>02910</u> Country: USA			
5. Foreign Corporation. Enter Principal Office Address			
No. and Street:			
City or Town: State: Zip: Country:			
6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island			
TO LOAN MONEY, FREE OF INTEREST, TO ANY NEEDY, RESPONSIBLE MEMBER IN GOOD STANDING, WHOSE CHARACTER AND SELF RESPECT DOES NOT PERMIT THE ACCEPTANCE OF CHARITY.			
7. Names and Addresses of the Officers and Directors:			
All officers and directors must be listed. If officers and/or directors have been elected, the title			

Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	BARRY JAY SCHIFF	P.O. BOX 3665 CRANSTON, RI 02910 USA
TREASURER	JEFFREY DAVIS	P.O. BOX 3665 CRANSTON, RI 02910 USA
SECRETARY	MAX GUARINO	P.O. BOX 3665 CRANSTON, RI 02910 USA
VICE PRESIDENT	ELLIOTT PRITIKIN	P.O. BOX 3665 CRANSTON, RI 02910 USA
DIRECTOR	JANICE KELLER	P.O. BOX 3665 CRANSTON, RI 02910 USA
DIRECTOR	BARRY ACKERMAN	P.O. BOX 3665 CRANSTON, RI 02910 USA
DIRECTOR	MICHAEL LEVIN	P.O. BOX 3665 CRANSTON, RI 02910 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

MURRAY GEREBOFF, ESQ. 207 WATERMAN STREET PROVIDENCE, RI 02906

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 10 Day of May, 2018 at 3:32:26 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 BARRY JAY SCHIFF

Signature of Authorized Person

Form No. 631 Revised 09/07

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