



State of Rhode Island  
Department of State - Business Services Division

**FILED**  
MAR 15 2023  
BY *[Signature]*

Annual Report for the year: 2023  
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 <b>292174</b>		2. Exact name of the Corporation <b>The Schocken Foundation, Inc.</b>			
3. State of Incorporation <b>New York</b>		5. Brief description of the character of business conducted in Rhode Island <b>Religious, charitable, scientific, literary and educational purposes</b>			
4. NAICS Code <b>813110</b>					
6. Principal Office Address <b>P.O. Box 280</b>			City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Shimon Schocken</b>			Vice-President Name <b>N/A</b>		
Street Address <b>P.O. Box 280</b>			Street Address		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City	State	Zip
Secretary Name			Treasurer Name <b>Judah Rome</b>		
Street Address			Street Address <b>P.O. Box 280</b>		
City	State	Zip	City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>
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 <b>Gideon Mendels</b>			Director Name <b>David Landau</b>		
Street Address <b>P.O. Box 280</b>			Street Address <b>P.O. Box 280</b>		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>
Director Name <b>Elana Cutler</b>			Director Name <b>Yael Hadass</b>		
Street Address <b>P.O. Box 280</b>			Street Address <b>P.O. Box 280</b>		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>
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>Judah Rome</b>				Date <b>03/12/2023</b>	
Signature of Officer/Authorized Representative <i>[Signature]</i>					

**MAIL TO:**  
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