



State of Rhode Island  
Department of State - Business Services Division

**STAMP**

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.

RECEIVED  
RI DEPT. OF STATE  
BUS SVCS DIV

2023 JUN 27 A 10:16

1. Entity ID Number <b>000028091</b>		2. Exact name of the Corporation <b>Loyal Family Circle Inc.</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>SOCIAL CLUB FOR DESCENDANTS OF MORDECHI NOZICK</b>			
4. NAICS Code <b>624190</b>					
6. Principal Office Address <b>256 LAUREL AVE</b>		City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>	
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>AVRAM NATHAN COHEN</b>		Vice-President Name			
Street Address <b>256 LAUREL AV</b>		Street Address			
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>AVRAM NATHAN COHEN</b>		Director Name <b>SANDRA MARSHA MARCOWITZ</b>			
Street Address <b>256 LAUREL AVENUE</b>		Street Address <b>234 SIXTH STREET</b>			
City <b>PROV</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>PROV</b>	State <b>RI</b>	Zip <b>02906</b>
Director Name <b>MAXINE E. COHEN</b>		Director Name			
Street Address <b>256 LAUREL AVENUE</b>		Street Address			
City <b>PROV</b>	State <b>RI</b>	Zip <b>02906</b>	City	State	Zip
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>AVRAM NATHAN COHEN</b>				Date <b>6/27/2023</b>	
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

**FILED**

**JUN 27 2023**  
**BY ML THSQD**  
FORM 631- Revised 04/2023