



State of Rhode Island
Department of State - Business Services Division

FILED

FEB 26 2024

BY *[Signature]*

Annual Report for the year: 2024

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 Non-Profit Religious Institution			
4. NAICS Code 813110					
6. Principal Office Address 99 Taft Avenue			City Providence	State RI	Zip 02906
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Steven Goliger			Director Name Joshua Bolton Debra Page		
Street Address 35 Astral Avenue			Street Address 128 Lafayette Street 194 Chace Ave		
City Providence	State RI	Zip 02906	City Pawtucket Providence	State RI	Zip 02904 02906
Director Name Joyce Juda Leslie Marks-Hershey			Director Name Terrence Sullivan		
Street Address 311 Wayland Avenue 15 Paris St			Street Address 6 Cole Brook Court		
City Providence Pawtucket	State RI	Zip 02906 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.					
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.					
<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 PAUL STOUBER					Date 2/16/24
Signature of Officer/Authorized Representative <i>Paul Stouber</i>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov