



**State of Rhode Island
Department of State - Business Services Division**

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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 000028091		2. Exact name of the Corporation Loyal Family Circle Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island SOCIAL CLUB FOR DESCENDANTS OF MORDECHI NOZICK 248			
4. NAICS Code 624190					
6. Principal Office Address 1 Butler Ave Unit 329			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 AVRAM NATHAN COHEN			Vice-President Name		
Street Address 1 Butler Ave unit 329			Street Address		
City Providence	State RI	Zip 02906	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 MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name AVRAM NATHAN COHEN			Director Name SANDRA MARSHA MARCOWITZ		
Street Address 1 Butler Ave unit 329			Street Address 234 SIXTH STREET		
City Providence	State Ri	Zip 02906	City Providence	State RI	Zip 02906
Director Name MAXINE E. COHEN			Director Name		
Street Address 1 Butler Ave unit 329			Street Address		
City Providence	State Ri	Zip 02906	City	State	Zip
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 AVRAM N. COHEN				FILED 1038	Date 04/30/2024
Signature of Officer/Authorized Representative 				APR 30 2024 BY WZT6K	

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



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Batch Separator

Sequence No: 000276816

