

A. Ralpb Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: June 1 - June 30 • Filing Fee: \$20.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* 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.				
1. Corporate ID No. 36861 2. Name of Corporation Congregation Sors of	Jacob S			
	Juce	City	7:6	
3. State of Incorporation 4. Corporate address in Rhode Island - Street Address 24 Dougles Aven we		Providere RI	™ D2908	
5. Foreign corporation. Enter principal office address	City	State RT	Zip	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island				
orthodox Jewish House of Worship				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Harold Silverman	Vice President Name	re President Name Melvie A. Fleischet		
Street Address 24 Dougles ADC	Street Address 24 Do us les Aux			
City Proc State R1 Zip 02908	City Prov	State R	^{Zip} 0 2 9620	
Secretary Name Gerol Firdman	Treasurer Name Redecce A. Silverman			
Street Address 24 Dougles Ave	Street Address 24 Douglas Auc			
City Prov State R Zip 02902	City	State R (Zip 02908	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS				
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23				
Larry B. Paths S	Director Name Thomis	W. Perrlmon	Esq.	
Street Address 24 Dougles Ave City State Zip 2008	Street Address 24 Dougles ADX City Por State RI Zip 0790B			
City Prov State &1 Zip 02908	City	State R1	Zip 0790B	
Director Name Apthur Larin	Director Name Moiter Kassler			
Street Address 24 Dory los Aux	Street Address 24 Do	1965 Aux		
City Plow State RI Zip 01908	City Prov	State R	Zip 029 09	
9. REGISTERED AGENT IN RHODE ISLAND				
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78				
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee				

This report must be signed by either the Presiden	nt, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee
File Date FILED Check No. JUN 0 2 2009 By: By FOR SECRETARY OF STATE USE ONLY	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 officer. Signature of Officer Print or Type Name of Officer Title of Officer Form 631 Rev. 09/17