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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • **This report must be typed or printed legibly.**
Filing Fee: $20.00 • **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
121117	**Chevra Kadisha of Rhode Island**
3. State of Incorporation: **Rhode Island**	4. Brief description of the character of business conducted in Rhode Island: **Fellowship of Jews attendant to the proper consideration and burial of a member of the Jewish community.**

5. Principal office address	City	State	Zip
423 Wayland Ave.	**Providence**	**RI**	**02906**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: **Avraham Jakubowicz**			Vice-President Name: **Gershom Barros**		
Street Address: **47 sargent ave**			Street Address: **423 Wayland Ave**		
City: **Providence**	State: **RI**	Zip: **02906**	City: **Providence**	State: **RI**	Zip: **02906**
Secretary Name: **Lynn Jakubowicz**			Treasurer Name: **Gershom Barros**		
Street Address: **47 Sargent Ave**			Street Address: **Wayland Ave**		
City: **Providence**	State: **RI**	Zip: **02906**	City: **Providence**	State: **RI**	Zip: **02906**

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name: **Gershom Barros**			Director Name: **Avraham Jakubowicz**		
Street Address: **423 Wayland Ave**			Street Address: **47 Sargent Ave**		
City: **Providence**	State: **RI**	Zip: **02906**	City: **Providence**	State: **RI**	Zip: **02906**
Director Name: **Gabriella Barros**			Director Name:		
Street Address: **423 Wayland Ave**			Street Address:		
City: **Providence**	State: **RI**	Zip: **02906**	City:	State:	Zip:

8. REGISTERED AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

RECEIVED
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SECRETARY OF STATE
CORPORATIONS DIV.

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FEB 05 2014
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A.A. 3:26p.m.

FOR SECRETARY OF STATE USE ONLY
File Date _____
Check No _____
By: _____

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.

Gershom F. Barros 2/5/14
Signature of Officer Date

GERSHOM F. BARROS
Print or Type Name of Officer

VICE PRESIDENT
Title of Officer

Form No. 631
Revised: 05/2012
102477-3-902816