RI SOS Filing Number: 201562002550 Date: 05/28/2015 4:00 PM

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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

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
28717	**Chevras Agudas Achim**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	**House of Worship**

5. Principal office address	City	State	Zip
205 Hope Street, PO Box 32	**Bristol**	**RI**	**02809**

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

President Name	Street Address	City	State	Zip
Ellen Bensusan	**471 North Lane**	**Bristol**	**RI**	**02809**

Vice-President Name	Street Address	City	State	Zip
Richard Bensusan	**471 North Lane**	**Bristol**	**RI**	**02809**

Secretary Name	Street Address	City	State	Zip
Debra Darkow	**76 South Avenue**	**Tiverton**	**RI**	**02878**

Treasurer Name	Street Address	City	State	Zip
Herbert Sackett	**127 Windward Lane**	**Bristol**	**RI**	**02809**

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

Director Name	Street Address	City	State	Zip
Harriet Priest	**590 Hope Street**	**Providence**	**RI**	**02906**

Director Name	Street Address	City	State	Zip
Miriam Rosenberg	**51 Jackson Avenue**	**Riverside**	**RI**	**02915**

Director Name	Street Address	City	State	Zip
Steve Krohn	**10 Rebecca Lane**	**Cumberland**	**RI**	**02864**

Director Name	Street Address	City	State	Zip
Barry Schrutt	**94 Beach Road**	**Bristol**	**RI**	**02809**

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, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
MAY 28 2015
BY 231

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.

/Herbert Sackett, TREAS 5/25/15
Signature of Officer or Authorized Representative Date

HERBERT SACKETT, TREASURER
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
121292-5-1034603