



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. 30798		2. Exact name of the Corporation CONGREGATION SHARAH ZEDEK (The Gates of Righteousness)			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island SYNAGOGUE			
5. Principal office address 6 UNION STREET		City WESTERLY	State RI	Zip 02891	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☒					
President Name MATTHEW L. LEWISS		Vice-President Name SUSAN P. ROSEN			
Street Address 15 KETTLE CLOSE		Street Address 9 RIVER ROAD			
City WESTERLY	State RI	Zip 02891	City ASHAWAY	State RI	Zip 02804
Secretary Name SCOTT T. FRANKEL		Treasurer Name STEPHEN M. BLOOM			
Street Address 43 GEORGE STREET		Street Address 4 OCEAN RIDGE DRIVE			
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☒					
Director Name MYRON SARANGA		Director Name HARRIET GRAYSON			
Street Address 5 WESTERLY ROAD		Street Address 48 SPRING STREET			
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
Director Name CHARLES S. SOLOVEITZIK		Director Name DR. KENNETH ROBBINS			
Street Address 2 ELM STREET		Street Address 10 YELLOW BIRCH ROAD, Apt. 2F			
City WESTERLY	State RI	Zip 02891	City MIDDLETOWN	State CT	Zip 06457
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

FILED

JUL 02 2015

File Date _____

Check No _____

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 correct.

Signature of Officer or Authorized Representative

6/29/2015

Date

MATTHEW L. LEWISS

Print or Type Name of Officer or Authorized Representative

Congregation Sharah Zedek

**(The Gates of Righteousness)
#30798**

Second Vice President:

**Dr. Herbert Nieburg
82 Old Post Road
Westerly, RI 02891**

Additional Director:

**Judd Rosen
6 Cogswells Street
Pawcatuck, CT 06379**

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BY 30798