



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 2016

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. 30801	2. Exact name of the Corporation Congregation Sons of Jacob		
3. State of incorporation RI	4. Brief description of the character of business conducted in Rhode Island Orthodox Jewish House of worship		
5. Principal office address 24 Douglas Ave		City Providence	State RI
		Zip 02908	

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

President Name Harold Silverman	Vice-President Name Melvin A. Fleischer
Street Address 24 Douglas Ave	Street Address 24 Douglas Ave
City Providence State RI Zip 02908	City Providence State RI Zip 02908
Secretary Name Gerald Friedman	Treasurer Name Rebecca A. Silverman
Street Address 24 Douglas Ave	Street Address 24 Douglas Ave
City Providence State RI Zip 02908	City Providence State RI Zip 02908

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

Director Name Larry B. Arnoss	Director Name Arthur Levin
Street Address 24 Douglas Ave	Street Address 24 Douglas Ave
City Providence State RI Zip 02908	City Providence State RI Zip 02908
Director Name Morton Kessler	Director Name Stephen Friedman
Street Address 24 Douglas Ave	Street Address 24 Douglas Ave
City Providence State RI Zip 02908	City Providence State RI Zip 02908

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 18 2016
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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: Harold Silverman Date: 5/16/16
 Print or Type Name of Officer or Authorized Representative: Harold Silverman - President