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: 320.00 • **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
30801	Congregation Sons of Jacob
3. State of incorporation	**4. Brief description of the character of business conducted in Rhode Island**
RI	Orthodox Jewish House of Worship

5. Principal office address	City	State	Zip
24 Douglas Ave	Prov	RI	02908

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

President Name	Vice-President Name
Harold Silverman	Melvin A. Fleischer
Street Address: 24 Douglas Ave	Street Address: 24 Douglas Ave
City: Prov State: RI Zip: 02908	City: Prov State: RI Zip: 02908
Secretary Name	**Treasurer Name**
Gerald Friedman	Rebecca A. Silverman
Street Address: 24 Douglas Ave	Street Address: 24 Douglas Ave
City: Prov State: RI Zip: 02908	City: Prov 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	Director Name
Larry B Parness	Arthur Levin
Street Address: 24 Douglas Ave	Street Address: 24 Douglas Ave
City: Prov State: RI Zip: 02908	City: Prov State: RI Zip: 02908
Director Name	**Director Name**
Morton Kassler	Stephen Friedman
Street Address: 24 Douglas Ave	Street Address: 24 Douglas Ave
City: Prov State: RI Zip: 02908	City: Prov 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
BY 6479

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.

Harold Silverman — 5/16/16
Signature of Officer or Authorized Representative — Date

Harold Silverman - President
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised 1/1/2014