RI SOS Filing Number: 201600989030 Date: 06/23/2016 4:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

Non-Profit Corporation

→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of the Corporation
28717	Chevras Ayudas 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

Address	City	State	Zip
205 Hope St. PO Box 32	Bristol	RI	02809

6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐

President Name	Vice-President Name
Ellen Bensusan	Richard Bensusan
Street Address: 471 North Lane	Street Address: 471 North Lane
City: Bristol State: RI Zip: 02809	City: Bristol State: RI Zip: 02809
Secretary Name: Debra Darlow	Treasurer Name: Steven Krohn
Street Address: 76 South Avenue	Street Address: 40 Harris Avenue
City: Nuarton State: RI Zip: 02878	City: Lincoln State: RI Zip: 02865

7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐

Director Name	Director Name
Harriet Priest	Miriam Rosenberg
Street Address: 590 Hope St	Street Address: 51 Jackson Avenue
City: Providence State: RI Zip: 02906	City: Riverside State: RI Zip: 02915
Director Name: Steven Krohn	Director Name: Barry Schrutt
Street Address: 40 Harris Avenue	Street Address: 94 Beach Rd
City: Lincoln State: RI Zip: 02865	City: Bristol State: RI Zip: 02809

8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

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.

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

Name of Officer/Authorized Representative	Date
Steven Krohn	6/20/16

Signature of Officer/Authorized Representative: Steven Krohn

FILED
JUN 23 2016
BY HL 1390

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

138531-4-1135821

FORM 631 - Revised: 05/2016