



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017
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 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) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Harold Silverman		Vice-President Name Melvin A. Fleischer	
Street Address 24 Douglas Ave		Street Address 24 Douglas Ave	
City Providence	State RI	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	City Providence	State RI Zip 02908
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Larry B. Parness		Director Name Arthur Levin	
Street Address 24 Douglas Ave		Street Address 24 Douglas Ave	
City Providence	State RI	City Providence	State RI Zip 02908
Director Name Monty Kessler		Director Name Stephen Friedman	
Street Address 24 Douglas Ave		Street Address 24 Douglas Ave	
City Providence	State RI	City Providence	State RI Zip 02908
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative Harold Silverman			Date JUNE 5, 2017
Signature of Officer/Authorized Representative Harold Silverman President			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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JUN 07 2017