



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 <u>30801</u>	2. Exact name of the Corporation <u>Congregation Sons of Jacob</u>				
3. State of Incorporation <u>RI</u>	4. Brief description of the character of business conducted in Rhode Island <u>Orthodox Jewish House of Worship</u>				
5. Principal Office Address <u>24 Douglas Ave</u>	City <u>Prov</u>	State <u>RI</u>	Zip <u>02908</u>		
6. List ALL officers (names and addresses)		Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Harold Silverman</u>	Vice-President Name <u>Melvin A. Fleischer</u>				
Street Address <u>24 Douglas Ave</u>	Street Address <u>24 Douglas Ave</u>				
City <u>Prov</u>	State <u>RI</u>	Zip <u>02908</u>	City <u>Prov</u>	State <u>RI</u>	Zip <u>02908</u>
Secretary Name <u>Gerald Friedman</u>	Treasurer Name <u>Rebecca A. Silverman</u>				
Street Address <u>24 Douglas Ave</u>	Street Address <u>24 Douglas Ave</u>				
City <u>Prov</u>	State <u>RI</u>	Zip <u>02908</u>	City <u>Prov</u>	State <u>RI</u>	Zip <u>02908</u>
7. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least THREE directors.					
Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>Larry B. Patness</u>	Director Name <u>Arthur Levin</u>				
Street Address <u>24 Douglas Ave</u>	Street Address <u>24 Douglas Ave</u>				
City <u>Prov</u>	State <u>RI</u>	Zip <u>02908</u>	City <u>Prov</u>	State <u>RI</u>	Zip <u>02908</u>
Director Name <u>Morton Kessler</u>	Director Name <u>Stephen Friedman</u>				
Street Address <u>24 Douglas Ave</u>	Street Address <u>24 Douglas Ave</u>				
City <u>Prov</u>	State <u>RI</u>	Zip <u>02908</u>	City <u>Prov</u>	State <u>RI</u>	Zip <u>02908</u>
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b><i>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></b>					
<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 <u>Harold Silverman</u>				Date <u>JUNE 5, 2017</u>	
Signature of Officer/Authorized Representative <u>Harold Silverman President</u>					

**MAIL TO:****Division of Business Services**

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

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Website: [www.sos.ri.gov](http://www.sos.ri.gov)

*FILED*  
JUN 07 2017  
BY 6529