RI SOS Filing	Number: 201	746790880	Date: 6/28/2017 4:00:00	РМ	
State of Rhode Island and Department of Sta			ivision		
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.		2017 JUH 4	R.I. DEPT.
1. Entity ID Number	2. Exact name of	of the Corporation			295
30798	Congregation Sharah Zedak (The Gates of Righteousness)				E PSP
3. State of Incorporation RHODE ISLAND	5. Brief description of the character of business conducted in Rhode Island SYNAGOGUE				
4. NAICS Code 813110 - Religious Organization					
6. Principal Office Address 6 Union Street			City	State	Zip
			Westerly	RI	02891
7. List ALL officers (names and addresses)			Check the box to indicate an attachment		
President Name Matthew L. Lewiss			Vice-President Name Scott T. Frankel		
Street Address 15 Kettle Close			Street Address 43 George Street		
^{City} Westerly	State RI	^{Zip} 02891	City Westerly	State RI	^{Zip} 02891
Secretary Name Dolly Peress			Treasurer Name Suzanne F. Marger		
Street Address 78 Lawton Avenue			Street Address 18 Newbury Drive		
^{City} Westerly	State RI	^{Zip} 02891	City Westerly	State RI	^{Zip} 02891
8. List ALL directors (names and ad	dresses). RI Com	orations MUST lis	st at least THREE directors.	ck the box to indicate	an attachment D
Director Name Matthew L. Lewiss			Director Name Scott T. Frankel		
Street Address 15 Kettle Close			Street Address 43 George Street		
^{City} Westerly	State RI	^{Zip} 02891	City Westerly	State RI	^{Zip} 02891
Director Name Peter L. Lewiss			Director Name Suzanne F. Marger		
Street Address 26 Windward Drive			Street Address 18 Newbury Drive		
City Westerly	State RI	^{Zip} 02891	City Westerly	State RI	^{Zip} 02891
9. 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 declar statements, and that all statemen			this report, including any accomp	anying schedule	s and
This report must be signed by either the Presi	ident, Vice-President, S	Secretary, Assistant Sec	cretary, Treasurer, duly Authorized Representat	ive, Receiver or Trustee	

Signature of Officer/Authorized Representative

Name of Officer/Authorized Representative

Matthew L. Lewiss

FILED

Date

MAIL TO: (Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 2 8 2017

FORM 631 - Revised: 05/2017

6/13/2017

CONGREGATION SHARAH ZEDEK

30798

2nd. Vice President:

Peter L. Lewiss 26 Windward Drive Westerly, RI 02891

Additional Directors:

Harriet M. Grayson 48 Spring Street Westerly, RI 02891

Judd M. Rosen 6 Coggswell Street Pawcatuck, CT 06379

Susan P. Rosen 9 River Road Ashaway, RI 02804

Myron Saranga Westerly Road Westerly, RI 02891

Charles S. Soloveitzik 2 Elm Street Westerly, RI 02891