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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual	Report for	the year:
Non-Pro	ofit Corpora	ation

2018

-> Filing period: June 1 - June 30

→ Fitling Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by July 30

Penalty. Additional \$25.00 fee in	orm is not liled by 3	July SU.			<del></del>			
1. Entity ID Number	2. Exact name of	the Corporation						
28717	Chevra Azudar Achim							
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island							
Rhode Island	Religious Entity: Synagosue							
4. NAICS Code	1							
813110								
6. Principal Office Address	al Office Address				State	Zip		
PU R0X 32			Bri	r tol	RI	02809		
7. List ALL officers (names and addresses)  Check the box to indicate an attachment								
President Name Ellen Bensusan			Vice-President Name RICK RENSULVAU					
Street Address 471 North Lane			Street Address 471 North Case					
City Bristol	State RT	Zp 0 Z 80 9	City	Kristal	State 12-1-	Zip O ZB 09		
Secretary Name Debra Dor	Dar kow			I reasurer Name				
Street Address 76 Coyta Arene			40 Havris Me.					
City Tuerton	State RT	Zip 07378	City	Linda	State	2ip 0286J		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment								
Director Name Michael Feldman			Director Name Herb Sackett					
Street Address 399 McCornic Lare			Street Address 127 Windword Lare City Pristal State Zip 02809					
City Ports bouts	State RT	Zip 0 2 名 7 8	City	Bristal	State RI	Zip 02809		
Director Name Seena Franklin			Director Name Larry Cevinson					
Street Address 67 Duffee Pol			Street Address 31 Sullivan Lane					
City Muertun	State <	Zip 02678	City	Bristal	State AI	Zip JZ BOIR		
9. Registered Agent in Rhode Islan	d. This information is	s currently of record	in the Dep	artment of State. Changes rec	ulre filing Form 641.			
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements contained herein are true and correct.								
This report must be signed by either the Pres	lident, Vice-President, S	ecretery, Assistant Sec	cretary, Trea	surer, duly Authorized Representa	tive, Receiver or Truste	ð.		
Name of Officer/Authorized Representative Date								
Signature of Officer/Authorized Representative								
Signature of Officer/Authorized Representative  SIGN DOCUMENT HERE								
MAIL TO:								

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAY 1 1 2018

FORM 631 - Revised: 11/2017