



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2021

1. Corporate ID No. 000028714

2. Name of Corporation CHEVRA KADISHA ASSOCIATION OF NEWPORT COUNTY

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

4. Principal Office Address

No. and Street: 9 FOWLER AVENUE

City or Town: NEWPORT

State: RI

Zip: 02840

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

THE BURIAL OF PERSONS OF THE JEWISH FAITH AND THE CARE AND UPKEEP OF CEMETERIES IN NEWPORT COUNTY.(CONSOLIDATION OF CHEVRO KADISHA SOCIETY OF NEWPORT, RI, JEWISH COMMUNITY CEMETERY ASSOCIATION OF NEWPORT, INC. AND JEWISH CEMETERY UNIFICATION ASSOCIATION FILED. THE NEW CORPORATION IS CHEVRA KADISHA ASSOCIATION OF NEWPORT COUNTY) ORIGINAL CONSOLIDATION MISPLACED

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JAMES HERSTOFF	75 GIBBS AVENUE NEWPORT, RI 02840- USA
VICE PRESIDENT	STEVEN FREEDMAN	34 HARVEST DRIVE PORTSMOUTH, RI 02871 USA
TREASURER	SAUL WOYTHALER	19 BALDWIN ROAD MIDDLETOWN, RI 02842 USA
DIRECTOR	ARLEEN HOUGH	56 ADAMS DRIVE PORTSMOUTH, RI 02871 USA
DIRECTOR	AARON JASPER	2 MARTIN STREET NEWPORT, RI 02840 USA
DIRECTOR	MARCIA COHEN	96 OLD BEACH ROAD NEWPORT, RI 02840 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

SAUL WOYTHALER 19 BALDWIN ROAD MIDDLETOWN , RI 02842

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

Signed this 22 Day of June, 2021 at 3:44:20 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By SAUL L WOYTHALER
Signature of Authorized Person

Form No. 631
Revised 09/07

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