



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

Annual Report for the year: 2023
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.

JAN 25 2023

BY

1. Entity ID Number <u>00030801</u>		2. Exact name of the Corporation <u>Congregation Sons of Jacob</u>	
3. State of Incorporation <u>R.I.</u>		5. Brief description of the character of business conducted in Rhode Island <u>Orthodox Jewish House of Worship</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address <u>24 Douglas Ave</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02908</u>	
7. 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 Fleischer</u>	
Street Address <u>24 Douglas Ave</u>		Street Address <u>24 Douglas Ave</u>	
City <u>Providence</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>Providence</u>	State <u>RI</u>	Zip <u>02908</u>	
8. 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 <u>Larry B. Parness</u>		Director Name <u>Arthur Levin</u>	
Street Address <u>24 Douglas Ave</u>		Street Address <u>24 Douglas Ave</u>	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02908</u>	
Director Name <u>Barry Kessler</u>		Director Name <u>Stephen Friedman</u>	
Street Address <u>24 Douglas Ave</u>		Street Address <u>24 Douglas Ave</u>	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02908</u>	
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 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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee			
Name of Officer/Authorized Representative <u>Harold Silverman President</u>			Date <u>1-23-2023</u>
Signature of Officer/Authorized Representative <u>Harold Silverman</u>			