



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Non-Profit Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FEB 08 2024

1. Entity ID Number 00030801		2. Exact name of the Corporation CONGREGATION SONS OF JACOB			
3. State of Incorporation R. I.		5. Brief description of the character of business conducted in Rhode Island ORTHODOX JEWISH HOUSE OF WORSHIP			
4. NAICS Code 813110					
6. Principal Office Address 24 DOUGLAS AVE.			City PROV	State R. I.	Zip 02908
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name HAROLD SILVERMAN			Vice-President Name MELVIN FLEISCHER		
Street Address 24 DOUGLAS AVE.			Street Address 24 DOUGLAS AVE.		
City PROV	State R. I.	Zip 02908	City PROV.	State R. I.	Zip 02908
Secretary Name GERALD FRIEDMAN			Treasurer Name REBECCA SILVERMAN		
Street Address 24 DOUGLAS AVE			Street Address 24 DOUGLAS AVE.		
City PROV.	State R. I.	Zip 02908	City PROV.	State R. I.	Zip 02908
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 LARRY B. PARNES			Director Name ARTHUR LEVIN		
Street Address 24 DOUGLAS AVE.			Street Address 24 DOUGLAS AVE.		
City PROV.	State R. I.	Zip 02908	City PROV.	State R. I.	Zip 02908
Director Name BARRY KESSLER			Director Name STEPHEN FRIEDMAN		
Street Address 24 DOUGLAS AVE.			Street Address 24 DOUGLAS AVE.		
City PROV.	State R. I.	Zip 02908	City PROV.	State R. I.	Zip 02908
9. The Registered Agent information of record with the RI Department of State is accurate. 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 HAROLD SILVERMAN PRESIDENT					Date 02/04/2024
Signature of Officer/Authorized Representative <i>Harold Silverman</i>					

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov