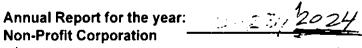
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State of Rhode Island **Department of State - Business Services Division**



→ Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if	form is not filed by M	/lay 31.			1	
1. Entity ID Number	2. Exact name of the Corporation					
00030801	CONGREGATION SONS OF JACOB					
3 State of Incorporation	Brief description of the character of business conducted in Rhode Island					
R.I.	MOTHOD	DY TEL	NISH HOUSE	AT INTOPOLITA		
4. NAICS Code	OK I HOD		MAT MOUSE	OF WURSHIP		
8131/0						
6. Principal Office Address			City	State	Zip	
24 DOUGLAS AVE.			PROV	R.I.	2908	
7. List ALL officers (names and addresses)			Check the box to indicate an attachment			
President Name HAROLD SILVERMAN			Vice-President Name MELVIA FLEISCHER			
Street Address 24 DOUGLAS AVE.		Street Address 24 DOUGLAS AVE.				
City PROV	State	02908	City PROV.	State T.	21p 02908	
Secretary Name FERALD FR/E	DMAN		Treasurer Name REBECCA-	SILVERMAN		
Street Address 24 DOUGLAS	AVE		Street Address 24 Douglet	IS AVE.		
City PROV.	State -R.T.	Zip 02908	City PROV.	State, 2	Zip 191908	
O 1 at A11 at an at a a a a a a a a a a a a a	ddresses), RI Como	orations MUST lis	t at least THREE directors.			
o. List ALL directors (names and a	daresses). Iti oorpe					
			Τ	Check the box to indicate an atta	achment	
Director Name	PARNESS		Director Name ARTHUR		achment	
Director Name			Director Name ARTHUR Street Address		achment	
Director Name ARRY B Street Address	PARNESS AVE:		Director Name ARTHUR Street Address	LEVIN LAS AVE State - 12	Zip	
Director Name LARRY 13 Street Address 2+ Dougras City PROV. Director Name	PARNESS AVE. State -R. T.	Zip 02908	Director Name ARTHUR Street Address 24 DOUG	LEVIN LAS AVE State - 12	Zip	
Director Name ARRY B Street Address City PROV. Director Name BARRY KESS Street Address	PARNESS AVE. State -R.T.		Director Name ARTHUR Street Address 24 Doug City PROV- Director Name STEPHEN Street Address	LEVIN LAS AVE State R.I.	Zip	
Director Name ARRY B Street Address 24 D OUGTAS City PROV. Director Name BARRY KESS	PARNESS AVE. State -R. I.		Director Name ARTHUR Street Address 24 DOUG City PROV- Director Name STEPHEN	LEVIN LAS AVE State FRIEDMAN State State	Zip	
Director Name ARRY B Street Address City PROV. Director Name BARRY KESS Street Address 24 DOUGLAS City	PARNESS AVE. State -R. T. State VE.	Zip 02908 Zip 02908	Director Name ARTHUR Street Address Z.4 DOUG City PROV- Director Name STEPHEN Street Address Z.4 DOUGOF City PROV.	LEVIN LAS AVE State FRIEDMAN State State FILE FILE	Zip 2 <i>2908</i> Zip	
Director Name ARRY B Street Address City PROV. Director Name BARRY KESS Street Address 24 DOUGLAS City PROV.	State CHER State CHER State CHER CHE	Zip 02908 Zip 02908 RI Department of have examined	Director Name ARTHUR Street Address 24 DOUG City PROV- Director Name STEPHEN Street Address 24 DOUGER City PROV, of State is accurate. Change	State T.	Zip 22908 Zip 2908	
Director Name ARRY B Street Address City PROV. Director Name BARRY KESS Street Address 24 DOUGLAS City PROV. 9. The Registered Agent information Under penalty of perjury, I declar	State State R. T. State R. T. State AVE. AVE. State AVE. State AVE. State AVE. AVE. State AVE. State AVE. State AVE. A	Zip 02908 Zip 02908 RI Department of have examined and are true and of the second of t	Street Address City PROV- Director Name STEPHEN Street Address 24 DOUGE City City PROV- Director Name STEPHEN Street Address 24 DOUGE City ROV. State is accurate. Change this report, including any correct.	State FRIEDMAN State FRIEDMAN State State Frequire filing Form 641. accompanying schedules	Zip 22908 Zip 2908	
Director Name ARRY B Street Address City PROV. Director Name BARRY KESS Street Address 24 DOUGLAS City PROV. 9. The Registered Agent information Under penalty of perjury, I declar statements, and that all statements.	State CHER State CHER State CHER State CHER State CHER AVE On of record with the re and affirm that I not scontained here sident, Vice-President, Se	Zip 02908 Zip 02908 RI Department of have examined and are true and of the second of t	Street Address City PROV- Director Name STEPHEN Street Address 24 DOUGE City City PROV- Director Name STEPHEN Street Address 24 DOUGE City ROV. State is accurate. Change this report, including any correct.	State FRIEDMAN State FRIEDMAN State State Frequire filing Form 641. accompanying schedules	Zip 22908 Zip 2908	
Director Name ARRY B Street Address 24 DOUGLAS City PROV. Director Name BARRY KESS Street Address 24 DOUGLAS City PROV. 9. The Registered Agent information Under penalty of perjury, I declar statements, and that all statements This report must be signed by either the Present Address HAROLD SILV	State CHR State	Zip 02908 Zip 02908 RI Department of have examined and are true and of the second of t	Street Address City PROV- Director Name STEPHEN Street Address 24 DOUGE City City PROV- Director Name STEPHEN Street Address 24 DOUGE City ROV. State is accurate. Change this report, including any correct.	State FRIEDMAN State State FRIEDMAN State State Frequire filing Form 641. accompanying schedules epresentative. Receiver or Trustee Date	Zip 02908 Zip 52908 and	
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MAIL TO:

Division of Business Services

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

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