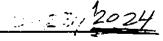


## State of Rhode Island

## Department of State - Business Services Division

## Annual Report for the year: Non-Profit Corporation



- → Filing period: February 1 May 1

→ Penalty: Additional \$25.00 fee it	f form is not filed by	May 31.			<i>"</i>
1. Entity ID Number	2. Exact name of the Corporation				
00030801	CONGREGATION SONS OF JACOB				
3 State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
R・エ、 4. NAICS Code	ORTHODOX JEWISH HOUSE OF WORSHIP				
8/3//D				•	
6. Principal Office Address	<u> </u>	<u> </u>	City	State	Zip
24 DOUGLAS	AVE.		PROV	R.I.	02908
7. List ALL officers (names and ad	ldresses)		Cr	neck the box to indicate a	n attachment
President Name  IHAROLD SILVERMAN			Vice-President Name  MELVIN FLEISCHER		
Street Address 24 DOUGLAS AVE.			Street Address 24 DOUGLA	S AVE.	
City PROV	State	ZIP 02908	City PROV.	State T.	21p 02908
Secretary Name  (FERALD FRIEDMAN)			Treasurer Name REBECCA- SILVERMAN		
Street Address 24 DOUGLAS AVE			Street Address 24 DOUGLAS AVE.		
City PROV.	State -R.T.	Zip 02908	City PROV.	State Z.	Zip 02908
8. List ALL directors (names and a		porations MUST lis			
Director Name		* .	Director Name	heck the box to indicate a	n attachment
Director Name  LARRY BPARNESS			ARTHUR LEVIN		
Street Address 24 DouGLAS	AVE.		Street Address 24 Dough	AS AVE.	
City PROV.	State T	Zip 02908	City PROV-	State Z.	Zip 02908
Director Name  BARRY KESSLER			Director Name  STEPHEN FRIEDMAN		
Street Address / AVE.			Street Address 24 DOUGLAS AVE.		
City PROV.	State - R. T	Zip 2908	City PROV.	State	Zip 02908
9. The Registered Agent information	on of record with the	ne RI Department	of State is accurate. Changes	require filing Form 64	
Under penalty of perjury, I decla statements, and that all stateme			· -	accompanying sched	ules and
This report must be signed by either the Pre	sident, Vice-President,	Secretary, Assistant Se	cretary, Treasurer, duly Authonzed Re	presentative, Receiver or Tru	stee
Name of Officer/Authorized Repre	sentative	-		Date	
HAROLD SILVERMAN PRESIDENT				02/04	12024
Signature of Officer/Authorized Re	presentative			/ /	

MAIL TO:

**Division of Business Services** 

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

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