



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

EX

1. Entity ID Number <b>00030801</b>		2. Exact name of the Corporation <b>CONGREGATION SONS OF JACOB</b>			
3. State of Incorporation <b>R. I.</b>		5. Brief description of the character of business conducted in Rhode Island <b>ORTHODOX JEWISH HOUSE OF WORSHIP</b>			
4. NAICS Code <b>813110</b>					
6. Principal Office Address <b>24 DOUGLAS AVE.</b>		City <b>PROV</b>		State <b>R. I.</b>	Zip <b>02908</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>HAROLD SILVERMAN</b>			Vice-President Name <b>MELVIN FLEISCHER</b>		
Street Address <b>24 DOUGLAS AVE.</b>			Street Address <b>24 DOUGLAS AVE.</b>		
City <b>PROV</b>	State <b>R. I.</b>	Zip <b>02908</b>	City <b>PROV.</b>	State <b>R. I.</b>	Zip <b>02908</b>
Secretary Name <b>GERALD FRIEDMAN</b>			Treasurer Name <b>REBECCA SILVERMAN</b>		
Street Address <b>24 DOUGLAS AVE</b>			Street Address <b>24 DOUGLAS AVE.</b>		
City <b>PROV.</b>	State <b>R. I.</b>	Zip <b>02908</b>	City <b>PROV.</b>	State <b>R. I.</b>	Zip <b>02908</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>LARRY B. PARNES</b>			Director Name <b>ARTHUR LEVIN</b>		
Street Address <b>24 DOUGLAS AVE.</b>			Street Address <b>24 DOUGLAS AVE.</b>		
City <b>PROV.</b>	State <b>R. I.</b>	Zip <b>02908</b>	City <b>PROV.</b>	State <b>R. I.</b>	Zip <b>02908</b>
Director Name <b>BARRY KESSLER</b>			Director Name <b>STEPHEN FRIEDMAN</b>		
Street Address <b>24 DOUGLAS AVE.</b>			Street Address <b>24 DOUGLAS AVE.</b>		
City <b>PROV.</b>	State <b>R. I.</b>	Zip <b>02908</b>	City <b>PROV.</b>	State <b>R. I.</b>	Zip <b>02908</b>
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
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 <b>HAROLD SILVERMAN PRESIDENT</b>					Date <b>02/04/2024</b>
Signature of Officer/Authorized Representative <i>Harold Silverman</i>					

MAIL TO:  
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Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)