



State of Rhode Island
Department of State - Business Services Division

FIELD

FEB 13 2025
BY 252702

Annual Report for the year..
Non-Profit Corporation

2025

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

1. Entity ID Number 000028717		2. Exact name of the Corporation CHEVRA AGUAT ACHIL			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island RELIGIOUS ORGANIZATION			
4. NAICS Code 813110					
6. Principal Office Address 205 HIGH STREET		City BRISTOL		State RI	Zip 02809
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name JONATHAN FEINSTEIN		Vice-President Name JOHN FANDEL			
Street Address 22 HYFIELD ST		Street Address 12 SEABREEZE LANE			
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
Secretary Name JUDY MENTON		Treasurer Name STEVEN KOWIN			
Street Address 19 PATRICK ANN DRIVE		Street Address 50 KURLINGTON ST			
City BRISTOL	State RI	Zip 02809	City PROVIDENCE	State RI	Zip 02906
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name HELE JACLET		Director Name RICHARD ABRAMS			
Street Address 127 WINDWARD LANE		Street Address 8 WALLEY ST			
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
Director Name JULIE WEINBERG		Director Name ELLEN BENSHAW			
Street Address 72 MICHAELS LANE		Street Address 471 NORTH LANE			
City PROVIDENCE	State RI	Zip 02871	City BRISTOL	State RI	Zip 02809
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 STEVEN KOWIN				Date 1/10/24	
Signature of Officer/Authorized Representative [Signature]					