



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
Non-Profit Corporation

RECEIVED
R.I. DEPT. OF STATE
BUS. SVCS. DIV.

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

1025 MAY 22 P 2:40

1. Entity ID Number <u>0000 91419</u>		2. Exact name of the Corporation <u>CONGREGATION SONS + DAUGHTERS of ROTH INC</u>	
3. State of Incorporation <u>R1</u>		5. Brief description of the character of business conducted in Rhode Island <u>JEWISH CONGREGATION</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address <u>PO BOX 525 SPRING ST.</u>		City <u>Block Island</u>	State <u>R1</u> Zip <u>02807</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>SHERRI MAXMAN</u>		Vice-President Name <u>NA NONE</u>	
Street Address <u>CENTER RD.</u>		Street Address	
City <u>Block Island</u>	State <u>R1</u>	City	State Zip
Secretary Name <u>GLORIA REDLICH</u>		Treasurer Name <u>ARLENE TUNNEY</u>	
Street Address <u>HIGH ST.</u>		Street Address <u>W. BEACH Rd BOX 454</u>	
City <u>Block Island</u>	State <u>R1</u>	City <u>Block Island</u>	State <u>R1</u> Zip <u>02807</u>
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 <u>SHERRI KANDEL</u>		Director Name <u>RITA DRAPER</u>	
Street Address <u>CORN NECK RD</u>		Street Address <u>SPRING ST</u>	
City <u>Block Island</u>	State <u>R1</u>	City <u>Block Island</u>	State <u>R1</u> Zip <u>02807</u>
Director Name <u>JOEL MAXMAN</u>		Director Name <u>NONE</u>	
Street Address <u>CENTER Rd</u>		Street Address	
City <u>Block Island</u>	State <u>R1</u>	City	State Zip
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 <u>ARLENE TUNNEY, TREAS.</u>			Date <u>5/20/25</u>
Signature of Officer/Authorized Representative <u>Arlene Tunney</u> FILED			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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