



State of Rhode Island
Department of State - Business Services Division

FILED

AUG 09 2022

BY 2186

Annual Report for the year: 2022

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.

1. Entity ID Number 000028717		2. Exact name of the Corporation Chevra Agudas Achim			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Religious Organization			
4. NAICS Code 813110 - Religious Organization <input type="checkbox"/>					
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 <input type="checkbox"/>					
President Name Jonathan Feinstein			Vice-President Name Joan Fandel		
Street Address 22 Byfield 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 Krohn		
Street Address 19 Patricia Ann Drive			Street Address 50 Burlington 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 <input type="checkbox"/>					
Director Name Herb Sackett			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 Larry Levinson			Director Name Debra Darkow		
Street Address 31 Sullivan Lane			Street Address 76 South Lane		
City Bristol	State RI	Zip 02809	City Tiverton	State RI	Zip 02878
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Steven Krohn				Date 7/25/22	
Signature of Officer/Authorized Representative <i>Steven Krohn</i>					

MAIL TO:
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