



Department of State - Business Services Division

Annual Report for the year:
 Non-Profit Corporation

2023

FILED

FEB 07 2023

BY 2261

- 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 <u>000028717</u>		2. Exact name of the Corporation <u>CHEVRA AGUON ACHILM</u>			
3. State of Incorporation <u>RIHODE ISLAND</u>		5. Brief description of the character of business conducted in Rhode Island <u>RELIGIOUS ORGANIZATION</u>			
4. NAICS Code <u>813110</u>					
6. Principal Office Address <u>205 HIGH STREET</u>			City <u>BRISTOL</u>	State <u>RI</u>	Zip <u>02809</u>
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>JONATHAN FEINTEIN</u>			Vice-President Name <u>JOHN FANDEL</u>		
Street Address <u>22 HYFIELD ST</u>			Street Address <u>12 SEABREEZE LANE</u>		
City <u>BRISTOL</u>	State <u>RI</u>	Zip <u>02809</u>	City <u>BRISTOL</u>	State <u>RI</u>	Zip <u>02809</u>
Secretary Name <u>JUDY MENTION</u>			Treasurer Name <u>STEVEN KRZEWIEN</u>		
Street Address <u>19 PATRICIA ANN DRIVE</u>			Street Address <u>50 KURLINGTON ST</u>		
City <u>BRISTOL</u>	State <u>RI</u>	Zip <u>02809</u>	City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02806</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>HERB JACKET</u>			Director Name <u>RICHARD ABRAMI</u>		
Street Address <u>127 WINDWARD LANE</u>			Street Address <u>8 WALLEY ST</u>		
City <u>BRISTOL</u>	State <u>RI</u>	Zip <u>02809</u>	City <u>BRISTOL</u>	State <u>RI</u>	Zip <u>02809</u>
Director Name <u>JULIE WEINBERG</u>			Director Name <u>ELLEN BENJAMIN</u>		
Street Address <u>72 MILITARY LANE</u>			Street Address <u>471 NORTH LANE</u>		
City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02871</u>	City <u>BRISTOL</u>	State <u>RI</u>	Zip <u>02809</u>
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 <u>STEVEN KRZEWIEN</u>				Date <u>2/5/23</u>	
Signature of Officer/Authorized Representative <u>Steven Krzewien</u>					