



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.

**FILED**  
FEB 07 2024  
BY [Signature]

1. Entity ID Number <u>00028717</u>		2. Exact name of the Corporation <u>CHEVRA ABOUT ACHM</u>			
3. State of Incorporation <u>RHODE 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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>JONATHAN FEINTEIN</u>			Vice-President Name <u>JOAN 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 MENTON</u>			Treasurer Name <u>STEVEN KROTH</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>02906</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <u>HELE 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 BENSHAW</u>		
Street Address <u>72 MITCHELLS LANE</u>			Street Address <u>471 NORTH LANE</u>		
City <u>MOUNTAIN</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.					
<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>					
<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 KROTH</u>				Date <u>1/10/24</u>	
Signature of Officer/Authorized Representative <u>[Signature]</u>					