

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 401.222.3

Filing Period: June 1 - June 30 • Filing Fee: \$20,00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject

to a penalty fee of \$25.00.			•	-	, ,		
1. Corporate ID No.	2. Name of Corporation						
31343	Dormition of the Virgin mary Orthodox Church						
3. State of Incorporation	4. Corporate add	ress in Rhode Island - Street	Address	City	Zip		
RI	71 Manville	Hill Rd		Cumberland	RI		
5. Foreign corporation. Enter prin	icipal office addres	S	City	State	Zip		
N/A			<u> </u>		1		
6. Brief Description of the character	of the affairs which	are actually conducted in R	bode Island				
Religious / Non-profit							
7. NAMES AND ADDRESSES	S OF THE OFF.	ICERS: ("X" BOX FOR A	TTACHMENT) 🔲 FILL IN SPAC	CES BEFORE USING ATT	ACHMENTS		
President Name			Vice President Name				
V. Rev. Vasily A Lickwar			Edmund Neal	Edmund Neal			
Street Address			Street Address				
125 Manville Hill Rd			330 Oaklawn Ave	330 Oaklawn Ave			
СИУ	State	Zip	City	State	Zip		
Cumberland	RI	02864	Cranston	RI	02920		
Secretary Name			Treasurer Name				
Dina Stolyarova			Brenda Beaubien				
Street Address			Street Address				
1137 1/2 Hartford Ave #1	С		28 Circledale Dr				
Сйу	State	Zip	City	State	Zip		
Johnston	RI	02919	Cumberland	RI	02864		
8. NAMES AND ADDRESSES	OF THE DIRI	ECTORS: ("X" BOX FOR	ATTACHMENT) TILL IN SPACE	CES BEFORE USING ATT	ACHMENTS		
THE NUMBER OF DIRECTO	ORS OF A DOM	IESTIC (RHODE ISLA	ND) CORPORATION SHALL	NOT BE LESS THAN THE	REE (3). R.I.G.L. 7-6-23		
Director Name			Director Name				
Olga Abramova			Michael Medeiros				
Street Address			Street Address				
40 Old Louisquisset Pike #702			3429 Acushnet Ave				
Cuy	State	Zip	Сиу	State	Zip		
North Smithfield	RI	02896	New Bedford	MA	02745		
Director Name			Director Name				
Oleg Kishkovich			Victor Smolan				
Street Address			Street Address				
47 Austin Ave			36 Cross St				
City	State	Zip	City	State	Zip		
Greenville	RI	02828	^j Manville	RI	02838		
9. REGISTERED AGENT IN	RHODE ISLAN	D - DO NOT ALTER - (Changes require filing of Fo	rm 641 - R.I.G.L. 7-6-13	/ 7-6-78		
Agent Name			Address				
Address			City	Zip			
This capact must	he signed by ai	than the President Vice	Pravident Secretary Assistant	Sacratory Transpray Day	noisse of Trustee		

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	FILED			
File Date	JUN 1 9 2008			
Check No.	By 2991			
Ву:				
FOR SECRETARY OF STATE USE ONLY				

Under penalty of perjury, I declare and affirm that I have examined	this
report, including any accompanying schedules and statements, and th	at all
statements contained herein are true and correct.	
7	

Rev. Vasily a. Lickwar				
Signature of Officer	Date			
V. Davi Vanili, A. Linkara				

V. Rev	√ Vasily	A. L	ickwar		
Print or Type Name of Officer					

President/Rector

Title of Officer

Aleksandr Abramov 161 4th St. Providence, RI 02906

Nicolai Petro 30 Helme Rd Kingston, RI 02881 XX 3/3/3

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JUN 19 2008
BY 25951