

FOR SECRETARY OF STATE USE ONLY

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street ovidence. RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. Comorgia ID No.	2. Name of Corporation SECON	D BAPTIS	T CHURCH OF	EAST PROV	IDENCE
3 State of Incorporation	4. Corporate address in RI.	oode Island - Street Address INTON AVE	E.EAST PROVIDEN	City	Zip 02914
5. Foreign corporation. Enter prin			City	State	Zip
6. Brief Description of the character	of the affairs which are acti	ially conducted in Rhode Isla	nd	·	
RELIGIO	245				
7. NAMES AND ADDRESSE	S OF THE OFFICERS:	("X" BOX FOR ATTACHA	MENT) TILL IN SPACES I		
President Name OLEKS H	INDR KAK	NAUKH	Vice President Name	DIMIR VEZ	ZIKOU
Street Address 23 WA	Lnut STK	EET	Street Address 34 PhQ	NIX Ridge	DRIVE
EAST PROVIDENCE	State R/	²¹⁰ 02861	CRANSTON	State P	^{zip} 02921
Secretary Name VADEGI	DA MIROSI	HNICHENKO	Treasurer Name / GOR	STETSYL	!K
Street Address 54	LINDEN	STREET	Street Address 59 GX	PENWARD	STREET
CHIPAWTUCKET	state R1	²⁴⁰ D2861	CRANSTON	State R1	Zup 02910
8. NAMES AND ADDRESSE	S OF THE DIRECTOR	S: ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES	BEFORE USING ATTAC	HMENTS
THE NUMBER OF DIRECT	ORS OF A DOMESTIC	C (RHODE ISLAND) C	ORPORATION <u>SHALL NOT</u>	BE LESS THAN THREE	§ (3). R.I.G.L. 7-6-2
Director Name ROBERT	BAGGA	SARIAN	Director Name PETR	MARYAND	\mathcal{V}
Street Address 124 ALF	PINE ESTA	TES PRIVE	Street Address 14A V	ictory STR	PEET
CHANSTON	State P	zip 02921	Camberland	State P	2864
Director Name	Rgei Mire	PSHVRHEVKO	Director Name		
Street Address 12 CRO	UN AVI.		Street Address		<u> </u>
PALLING TON 9. REGISTERED KGENT IN	State P RHODE ISLAND	^{2ip} 02806	City	State	30
This information is currently	of record in the Office	of the Secretary of State	e. Changes require filing of Fo	rm 641 - R.I.G.L. 7-6-13/	
This report mus	st be signed by either t	he President, Vice Pres	ident, Secretary, Assistant Se	cretary, Treasurer, Rece	iven of Trustée
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					5 1
		FI	LED		
		ואנננ	8 201 Under penalty of per	jury, I declare and affirm t	hat I have examined th
		- . 1//	V Meboultuorgang mil	tocompanying nemerates at	id statements, and that a
File Date		By 14	you !	preinfare true and correct	06-06
Check No.			Signature of Officer	P STETSYL	IK Date

Print or Type Name of Officer TRE9 SUPER

Title of Officer