



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 31068		2. Exact name of the Corporation SECOND BAPTIST CHURCH OF EAST PROVIDENCE	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Religious	
5. Principal office address 80 TAUNTON AVE.		City E. PROVIDENCE	State RI
		Zip 02914	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
President Name OLEKSANDR KARNAUKH		Vice-President Name VLADIMIR VEZIKOV	
Street Address 23 WALNUT ST.		Street Address 34 PHENIX RIDGE DRIVE	
City E. PROVIDENCE	State RI	Zip 02914	City CRANSTON
			State RI
			Zip 02921
Secretary Name NADEZHDA MIROSHNICKENKO		Treasurer Name IGOR STETSYUK	
Street Address 54 LINDER ST.		Street Address 59 GREENWOOD STREET	
City PAWUCKETT	State RI	Zip 02861	City CRANSTON
			State RI
			Zip 02910
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
Director Name ROBERT BAGDASARIAN		Director Name PETR MARYANOV	
Street Address 124 ALPINE ESTATES DRIVE		Street Address 14 A VICTORY STREET	
City CRANSTON	State RI	Zip 02921	City CUMBERLAND
			State RI
			Zip 02864
Director Name SERGEI MIROSHNICKENKO		Director Name	
Street Address 12 CROWN AVE		Street Address	
City BARRINGTON	State RI	Zip 02806	City
			State
			Zip
8. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.			

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date
Check No
By
FOR SECRETARY OF STATE USE ONLY

FILED

JUN - 4 2013

198542

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.

Signature of Officer

Print or Type Name of Officer

Title of Officer

Date