



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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.

2014 MAY - 1 AM 10:49
SECRETARY OF STATE
CORPORATIONS DIV

1. Entity ID No. 000125642		2. Exact name of the Corporation ST. JOHN'S UKRAINIAN ORTHODOX CHURCH CEMETERY TRUST			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island TO PERPETUATE A PLACE OF BURIAL - CEMETERY			
5. Principal office address 74 HARRIS AVENUE		City WOONSOCKET		State RI	Zip 02834
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name MR. IWAN KOMAR			Vice-President Name MR. MICHAEL KAROLYSHYN		
Street Address 464 WARWICK NECK AVENUE			Street Address 55 EAST AVENUE		
City WARWICK	State RI	Zip 02889	City HARRISVILLE	State RI	Zip 02834
Secretary Name MS. ELEANOR KOGUT			Treasurer Name MR. LEO E. ANDRYC		
Street Address P.O. BOX 3182			Street Address 40 EDGEWOOD BOULEVARD		
City WOONSOCKET	State RI	Zip 02895	City PROVIDENCE	State RI	Zip 02905
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☒					
Director Name MR. IWAN KOMAR			Director Name MR. MICHAEL KAROLYSHYN		
Street Address 464 WARWICK NECK AVENUE			Street Address 55 EAST AVENUE		
City WARWICK	State RI	Zip 02889	City HARRISVILLE	State RI	Zip 02834
Director Name MS. ELEANOR KOGUT			Director Name MR. LEO E. ANDRYC		
Street Address P.O. BOX 3182			Street Address 40 EDGEWOOD BOULEVARD		
City WOONSOCKET	State RI	Zip 02895	City PROVIDENCE	State RI	Zip 02905
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, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

MAY 01 2014

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A.A.

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.

Leo E. Andryc *May 1, 2014*
Signature of Officer or Authorized Representative Date

LEO E. ANDRYC (TREASURER)

Print or Type Name of Officer or Authorized Representative

THE FOLLOWING ATTACHMENT TO THE STATE OF RHODE ISLAND FORM NO. 631 IS PROVIDED TO INCLUDE ADDITIONAL NAMES AND ADDRESSES OF MEMBERS OF THE BOARD OF DIRECTORS TO THE ST. JOHN'S UKRAINIAN ORTHODOX CHURCH CEMETERY TRUST ANNUAL REPORT FOR THE YEAR 2014.

CORPORATE ID NUMBER - 000125642

ADDITIONAL MEMBERS TO THE BOARD OF DIRECTORS:

MR. PAUL CHERKAS
11 WHITE PARKWAY
N. SMITHFIELD, RI 02896

MRS. SHEILA KOMAR
464 WARWICK NECK AVENUE
WARWICK, RI 02889

A handwritten signature in cursive script, appearing to read "Leo E. Andryc", is written over the printed name and title.

LEO E. ANDRYC, TREASURER/DIRECTOR

ATTACHMENT