



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

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.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000030335

2. Name of Corporation SAINT MARY AND SAINT MENA COPTIC ORTHODOX CHURCH OF R.I.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 2433 SCITUATE AVENUE

City or Town: HOPE

State: RI Zip: 02831 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

CHURCH SERVICES, SPIRITUAL, SOCIAL NEEDS OF PARISHONER.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	FATHER MARCOS GIRGIS	120 CREST DRIVE CRANSTON, RI 02921 USA
TREASURER	MAGDY L SALMO	36 BEECHWOOD DR. CRANSTON, RI 02921 USA

SECRETARY	NAGY SOURIAL	76 BUTTERNUT DR. NORTH KINGSTOWN, RI 02852 USA
VICE PRESIDENT	WADID S AZER	175 BEECHWOOD DR. CRANSTON, RI 02921 USA
DIRECTOR	MAGED N MOAWAD	58 FREEMAN ST. NORTH ATTLEBORO, MA 02763 USA
DIRECTOR	ADEL SALIB	45 CHESTNUT HILL AVE CRANSTON, RI 02920 USA
DIRECTOR	ROMANY SOAS	220 COOPER AVE. WOONSOCKET, RI 02895 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

SAFA F. WAGOI, MD 8 PENDLETON STREET CRANSTON , RI 02920

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 19 Day of May, 2014 at 10:29:45 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By FR. MARCOS GIRGIS
Signature of Authorized Person

Form No. 631
Revised 09/07

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