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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.**

1. Entity ID No.	2. Exact name of the Corporation
31343	**Dormition of the Virgin Mary Orthodox Church**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	**Religious/Non-profit/ Charitable 501(c)3**

5. Principal office address	City	State	Zip
71 Manville Hill Rd	**Cumberland**	**RI**	**02864**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Very Rev. Vasily A Lickwar	**125 Manville Hill Rd**	**Cumberland**	**RI**	**02864**
Vice-President Name	**Street Address**	**City**	**State**	**Zip**
Michelle Kwak	**53 Hazel St**	**Attleboro**	**MA**	**02910**
Secretary Name	**Street Address**	**City**	**State**	**Zip**
Dina Witner	**9 Standring St**	**Cumberland**	**RI**	**02864**
Treasurer Name	**Street Address**	**City**	**State**	**Zip**
Maria Madjoucoff	**174 Oakdale Ave**	**Pawtucket**	**RI**	**02860**

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Trina Crowell	**28 Pilgrim St**	**Rumford**	**RI**	**02916**
Director Name	**Street Address**	**City**	**State**	**Zip**
Natalya Delsanto	**279 Auburn St**	**Cranston**	**RI**	**02910**
Director Name	**Street Address**	**City**	**State**	**Zip**
Denis Stolyarov	**57 Setian Lane**	**West Warwick**	**RI**	**02893**
Director Name	Street Address	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, duly Authorized Representative, Receiver or Trustee

FILED
JUN 17 2014
BY 4881

File Date _____
Check No _____
By: _____

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 that all statements contained herein are true and correct.

Rev. Vasily Lickwar — 6/10/14
Signature of Officer or Authorized Representative — Date

Very Rev. Vasily Lickwar, Rector/President
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
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