



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. 000031732

2. Name of Corporation ZAPOROZSKA SICZ

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 105 MACKLIN STREET

City or Town: CRANSTON

State: RI Zip: 02920-6616 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

FRATERNALISM, BROTHERHOOD, GOOD CHRISTIAN MORALES-BETTER LIVING

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
TREASURER	STEPHANIE TEPER	62 FRANCIS ST WOONSOCKET, RI 02895 USA
SECRETARY	JOHN CHAREST	5107 NORTH MANGO AVE CHICAGO, IL 60630 USA
VICE PRESIDENT	IRENE SARACHMON	483 HARRIS AVE

		WOONSOCKET, RI 02895 USA
PRESIDENT	THOMAS STRUMINSKY	105 MACKLIN STREET CRANSTON, RI 02920- USA
DIRECTOR	MICHAEL HARDINK	187 NORTH ST SALT LAKE, UT 84103 USA
DIRECTOR	ROBERT CARABINA	469 LYDIA AVENUE WOONSOCKET, RI 02895 USA
DIRECTOR	PETER KOROPEY	10 DAMIAN CT NORTH PROVIDENCE, RI 02911 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**

THOMAS STRUMINSKY 105 MACKLIN 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 30 Day of June, 2014 at 9:44:56 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 THOMAS STRUMINSKY
Signature of Authorized Person

Form No. 631
Revised 09/07

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