



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

#20.

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2016**

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. <b>31343</b>		2. Exact name of the Corporation <b>Dormition of the Virgin Mary Orthodox Church</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Religious/Non-profit/ Charitable 501(c)3</b>			
5. Principal office address <b>71 Manville Hill Rd</b>		City <b>Cumberland</b>		State <b>RI</b>	Zip <b>02864</b>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Very Rev. Vasily A Lickwar</b>			Vice-President Name <b>Michelle Kwak</b>		
Street Address <b>125 Manville Hill Rd</b>			Street Address <b>53 Hazel St</b>		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>Attleboro</b>	State <b>MA</b>	Zip <b>02910</b>
Secretary Name <b>Dina Witner</b>			Treasurer Name <b>Maria Madjoucoff</b>		
Street Address <b>9 Standing St</b>			Street Address <b>174 Oakdale Ave</b>		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <b>MUST</b> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>Trina Crowell</b>			Director Name <b>Natalya Delsanto</b>		
Street Address <b>28 Pilgrim St</b>			Street Address <b>279 Auburn St</b>		
City <b>Rumford</b>	State <b>RI</b>	Zip <b>02916</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>
Director Name <b>Denis Stolyarov</b>			Director Name		
Street Address <b>57 Setian Lane</b>			Street Address		
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	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

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

Form No. 631  
Revised: 04/2014

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.

**FILED**

MAY 19 2016

BY \_\_\_\_\_

Very Rev Vasily Lickwar 5/15/16  
Signature of Officer or Authorized Representative Date

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