



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 \*FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
26495		The Annunciation-Greek Eastern Orthodox Church			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
Rhode Island		Church			
5. Principal Office Address		City	State	Zip	
175 Oaklawn Ave.		Cranston	RI	02920	
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Kevin Phelan		Vice-President Name Theofanis Markos			
Street Address 35 Jonathan Way		Street Address 198 Pleasant View Ave.			
City Cranston	State RI	Zip 02920	City Smithfield	State RI	Zip 02917
Secretary Name Elaine Otto		Treasurer Name Dean Perdikakis			
Street Address 219 Pine Swamp Rd.		Street Address 33 Beechwood Dr.			
City Cumberland	State RI	Zip 02864	City Cranston	State RI	Zip 02921
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Kevin Phelan		Director Name Theofanis Markos			
Street Address 35 Jonathan Way		Street Address 198 Pleasant View Ave.			
City Cranston	State RI	Zip 02920	City Smithfield	State RI	Zip 02921
Director Name Elaine Otto		Director Name Dean Perdikakis			
Street Address 219 Pine Swamp Rd.		Street Address 33 Beechwood Dr.			
City Cumberland	State RI	Zip 02864	City Cranston	State RI	Zip 02921
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative <u>KEVIN P. PHELAN PARISH COUNCIL PRES.</u>				Date 6/2/16	
Signature of Officer/Authorized Representative <u>Kevin P. Phelan</u>				SIGN DOCUMENT HERE	

FILED

JUN 06 2016

By KL 16557