

Annual Report for the year: 5-2016
Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED

JULY 06 2016

BY WLB

1. Entity ID Number <u>82187</u>		2. Exact name of the Corporation <u>AHEPA 245-2 INC.</u>	
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>HUD 202 Elderly Apartments</u>	
5. Principal Office Address <u>Newport 87 Grand Ave</u>		City <u>Newport</u>	State <u>RI</u>
		Zip <u>02840</u>	
6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>George Anagnostos</u>		Vice-President Name <u>Demetrios Georgiou</u>	
Street Address <u>158 Ethel Drive</u>		Street Address <u>7 Main St River Road</u>	
City <u>Portsmouth</u>	State <u>RI</u>	City <u>Middletown</u>	State <u>RI</u>
Zip <u>02871</u>		Zip <u>02842</u>	
Secretary Name <u>Ellen Anagnostos</u>		Treasurer Name <u>Dr. James Rozee</u>	
Street Address <u>158 Ethel Drive</u>		Street Address <u>86 Walnut Ave</u>	
City <u>Portsmouth</u>	State <u>RI</u>	City <u>James town</u>	State <u>RI</u>
Zip <u>02871</u>		Zip <u>02835</u>	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name <u>Christopher S. Christopher</u>		Director Name <u>Dr. Ernest Violet</u>	
Street Address <u>40 Toppan Blvd</u>		Street Address <u>228 East Shore Road</u>	
City <u>Newport</u>	State <u>RI</u>	City <u>James town</u>	State <u>RI</u>
Zip <u>02840</u>		Zip <u>02835</u>	
Director Name <u>Brett W. Fox</u>		Director Name	
Street Address <u>481 Sandy Point Ave</u>		Street Address	
City <u>Portsmouth</u>	State <u>RI</u>	City	State
Zip <u>02871</u>		Zip	
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative <u>George Anagnostos, Pres</u>		Date <u>30 Jun 2016</u>	
Signature of Officer/Authorized Representative <u>George Anagnostos</u>			

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov