



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		
26290		The Hellenic Orthodox Community of Newport, Rhode Island		
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island		
RI		Greek Orthodox Church		
5. Principal Office Address		City	State	Zip
PO Box 427 390 Thames ST		Newport	RI	02840
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
President Name		Vice-President Name		
ZOE ADAMEDES		Evangelos Giannopoulos		
Street Address		Street Address		
133 WOODBINE ST		37 Azalea Ave		
City	State	Zip	City	State
PROVIDENCE	RI	02906	Exeter	RI
Secretary Name		Treasurer Name		
Dino Spantzios		Steve Mellekas		
Street Address		Street Address		
6 Whitfield Place		8 Almy Court		
City	State	Zip	City	State
Newport	RI	02840	Newport	RI
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>				
Director Name		Director Name		
Steve Mellekas		Evangelos Giannopoulos		
Street Address		Street Address		
8 Almy Court		37 Azalea Ave		
City	State	Zip	City	State
Newport	RI	02840	Exeter	RI
Director Name		Director Name		
ZOE ADAMEDES				
Street Address		Street Address		
133 WOODBINE ST				
City	State	Zip	City	State
PROVIDENCE	RI	02840		
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.				
<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			Date	
ZOE ADAMEDES			7/16/16	
Signature of Officer/Authorized Representative				

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