



Department of State - Business Services Division

Annual Report for the year: **2017**

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.

1. Entity ID Number <b>26495</b>		2. Exact name of the Corporation <b>The Annunciation-Greek Eastern Orthodox Church</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Church</b>			
4. NAICS Code <b>813110</b>					
6. Principal Office Address <b>175 Oaklawn Ave.</b>		City <b>Cranston</b>		State <b>RI</b>	Zip <b>02920</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Kevin Phelan</b>			Vice-President Name <b>Theofanis Markos</b>		
Street Address <b>35 Jonathan Way</b>			Street Address <b>198 Pleasant View Ave.</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02920</b>
Secretary Name <b>Elaine Otto</b>			Treasurer Name <b>James Silva</b>		
Street Address <b>219 Pine Swamp Rd.</b>			Street Address <b>75 Tome St.</b>		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. 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>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <b>Kevin Phelan / Parish Council President</b>					Date <b>6-21-17</b>
Signature of Officer/Authorized Representative <i>Kevin P. Phelan</i>					<b>FILED</b>

**Section # 8 List All Directors (Names & Addresses)**

**Kevin Phelan  
35 Jonathan Way  
Cranston, RI 02920**

**Theofanis Markos  
198 Pleasant View Ave.  
Smithfield, RI 02920**

**Elaine Otto  
219 Pine Swamp Road  
Cumberland, RI 02864**

**James Silva  
75 Tome St.  
Cranston, RI 02920**

**FILED**

JUL 05 2017

BY

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# 26495