



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

Annual Report for the year: 2018
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

JUN 18 2018

BY

18532

1. Entity ID Number 26495		2. Exact name of the Corporation The Annunciation Greek-Eastern Orthodox Church			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Church			
4. NAICS Code 813110					
6. Principal Office Address 175 Oaklawn Ave			City Cranston	State RI	Zip 02920
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 James Silva		
Street Address 219 Pine Swamp Rd			Street Address 75 Tome St		
City Cumberland	State RI	Zip 02864	City Cranston	State RI	Zip 02920
8. 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 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 02917
Director Name Elaine Otto			Director Name James Silva		
Street Address 219 Pine Swamp Road			Street Address 75 Tome St.		
City Cumberland	State RI	Zip 02864	City Cranston	State RI	Zip 02920
9. 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.					
<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 KEVIN P. PHELAN, PRESIDENT					Date 6/14/18
Signature of Officer/Authorized Representative Kevin P. Phelan SIGN DOCUMENT HERE					