



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

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 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2018 JUN 20 PM 1:02

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.

1. Entity ID Number <b>001676095</b>		2. Exact name of the Corporation ST. BASIL THE GREAT MELKITE CATHOLIC CHURCH, INC.			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island Charitable, religious and educational purposes			
4. NAICS Code 813110 - Religious Organization					
6. Principal Office Address 15 SKYVIEW DRIVE		City LINCOLN	State RI	Zip 02865	
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>MOST REV. NICHOLAS J. SAMRA</b>			Vice-President Name <b>RT. REV. JOSEPH S. HAGGAR</b>		
Street Address <b>3 VFW PARKWAY</b>			Street Address <b>111 CROSS STREET</b>		
City <b>WEST ROXBURY</b>	State <b>MA</b>	Zip <b>02132</b>	City <b>CENTRAL FALLS</b>	State <b>RI</b>	Zip <b>02863</b>
Secretary Name <b>RT. REV. JOSEPH S. HAGGAR</b>			Treasurer Name <b>DN. ROBERT J. SHALHOUB</b>		
Street Address <b>111 CROSS STREET</b>			Street Address <b>10 JOANNA WAY</b>		
City <b>CENTRAL FALLS</b>	State <b>RI</b>	Zip <b>02863</b>	City <b>CHATHAM</b>	State <b>NJ</b>	Zip <b>07928</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 type="checkbox"/></span>					
Director Name <b>RT. REV. EXARCH JOSEPH S. HAGGAR</b>			Director Name <b>MOST REV. NICHOLAS J. SAMRA</b>		
Street Address <b>111 CROSS STREET</b>			Street Address <b>3 VFW PARKWAY</b>		
City <b>CENTRAL FALLS</b>	State <b>RI</b>	Zip <b>02863</b>	City <b>WEST ROXBURY</b>	State <b>MA</b>	Zip <b>02132</b>
Director Name <b>RT. REV. PHILIP RACZKA</b>			Director Name <b>---</b>		
Street Address <b>7 VFW PARKWAY</b>			Street Address <b>---</b>		
City <b>WEST ROXBURY</b>	State <b>MA</b>	Zip <b>02132</b>	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>					
<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 <b>RT. REV. JOSEPH S. HAGGAR</b> <b>REV. THEOPHAN LEONARCIUK</b>				Date <b>5/21/18</b>	
Signature of Officer/Authorized Representative <b>X</b> <i>Father Theophan Leonarciuk</i>				SIGN DOCUMENT HERE	

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

**FILED** ✓  
**JUN 20 2018**  
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