



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019

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.

2019 APR 17 PM 12:38

1. Entity ID Number 37977		2. Exact name of the Corporation AHEPA 245 INC.	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island provide elderly housing services	
4. NAICS Code 624229			
6. Principal Office Address 87 Givard Ave		City Newport	State RI
		Zip 02840	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Michael S Szak Ph.D		Vice-President Name Dr Ernest Violet	
Street Address 51 Wintergreen Dr		Street Address 228 E Shore Rd	
City Middletown	State RI	City Jamestown	State RI
Zip 02842		Zip 02835	
Secretary Name Basile Panayiotopoulos Ph.D		Treasurer Name Dr James Rozes	
Street Address 12 Connecticut Ave		Street Address Annandale Terr	
City Middletown	State RI	City Newport	State RI
Zip 02842		Zip 02840	
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 Demetrios G. Giorgiou		Director Name Norman Morcau	
Street Address 7 Maidform River Rd		Street Address 25 Seafair Lane	
City Middletown	State RI	City Portsmouth	State RI
Zip 02842		Zip 02871	
Director Name Demetri N Damaskos		Director Name Leonidas Amant	
Street Address 10 Eustis Ave		Street Address 60 Island Dr	
City Newport	State RI	City Middletown	State RI
Zip 02840		Zip 02842	
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.			
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 James Rozes / treasurer			Date 4/17/2019
Signature of Officer/Authorized Representative James Rozes			FILED
APR 17 2019			

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

BY **8257**
A.A.