



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

FILED

MAY 15 2019

3059

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.

1. Entity ID Number 30085		2. Exact name of the Corporation Saint Ioan Botezatorul Rumanian Orthodox Church			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island RELIGIOUS SERVICES			
4. NAICS Code 813110 - Religious Organiza					
6. Principal Office Address 501 EAST SCHOOL STREET			City WOONSOCKET	State RI	Zip 02895
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Nicholas G. Gassey			Vice-President Name Flavian Iovanel		
Street Address 506 Prospect St			Street Address 117 Taunton St		
City Woonsocket	State RI	Zip 02895	City Plainville	State MA	Zip 02762
Secretary Name Georgeta Gassey			Treasurer Name George Trutza		
Street Address 506 Prospect St			Street Address 140 Signal Ridge Way		
City Woonsocket	State RI	Zip 02895	City East Greenwich	State RI	Zip 02818
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 Joanne Ryan			Director Name Pintea Lutai		
Street Address 66 Social St, APT. C			Street Address 2 Wood Road		
City Woonsocket	State RI	Zip 02895	City Lincoln	State RI	Zip 02865
Director Name Ileana Place			Director Name		
Street Address 155 Adirondack Drive			Street Address		
City East Greenwich	State RI	Zip 02818	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.					
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 GEORGETA GASSEY					Date 05/13/2019
Signature of Officer/Authorized Representative					

MAIL TO:
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 Website: www.sos.ri.gov