



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.

FILED

MAY 17 2019

BY 5790

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1. Entity ID Number 000031343		2. Exact name of the Corporation Dormition of the Virgin Mary Orthodox Church			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Religious, Non-profit, 501(c)3			
4. NAICS Code 813110 - Religious Organiza					
6. Principal Office Address 125 Manville Hill Road			City Cumberland	State RI	Zip 02864
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Very Rev. Vasily A. Lickwar			Vice-President Name Victor Smolan		
Street Address 125 Manville Hill Road			Street Address 36 Cross Street		
City Cumberland	State RI	Zip 02864	City Manville	State RI	Zip 02838
Secretary Name Dina Witner			Treasurer Name Luba Stolyarova		
Street Address 9 Standing Street			Street Address 57 Setian Lane		
City Cumberland	State RI	Zip 02864	City West Warwick	State RI	Zip 02893
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 Trina Crowell (Pledge Monitor)			Director Name Gregory Kwak (Trustee)		
Street Address 26 Pilgrim Avenue			Street Address 53 Hazel Street		
City Rumford	State RI	Zip 02916	City Attleboro	State MA	Zip 02703
Director Name Katherine Lickwar (Assistant Treasurer)			Director Name		
Street Address 125 Manville Hill Road			Street Address		
City Cumberland	State RI	Zip 02864	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 Very Rev., Vasily Lickwar				Date May 14, 2019	
Signature of Officer/Authorized Representative <i>Very Rev. Vasily A. Lickwar</i>					

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