

# STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Gorporutions Division 100 North Main Street Providence, RI 02903-1335 401.222,3040

ON-PROFIT	CORP	PORATION	ANNUAL	REPORT FOR THE YEAR	2005

Filing Period: June 1 - June (FORM MUST BE TYPED OR PRI	•	e: \$20.00	1		
1. Corporate ID No.	2. Name of Corporation	•			
114648	<del></del>	IDEIA" - RHOŅE ISLAND CH	APTER		
3. State of Incorporation	l '	bode Island - Street Address	<b>_</b>	Clly	Zip
RHODE ISLAND		KLAWN AV	<del></del>	CRANSTO,	
5 Foreign corporation. Enter prin	cipal office address		City	State	Zip
6 Brief Description of the character of	of the affairs which are act	ually conducted in Rhode Isla	1 ind		<u> </u>
			NCOMPASSING CULTURE, ED	DUCATION, AND R	ELIGION.
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	OF THE OFFICERS:	("X" BOX FOR ATTACH.	MENT) TILL IN SPACES B	EFORE USING A	FTACHMENTS
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186 beechwoo	<u>ddr</u>		37 DNTARLO 1	7v€	
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Street Address	n -		Street Address		
126 BEECHWON		1792	l com	Levision	Lau
City ( AAKSTER)	State	62921	City	State	Zíp
9. REGISTERED AGENT IN	RHODE ISLAND - DO		jes require filing of Form 6	   141 - R.I.G.L. 7-6	 ·13 / 7·6·78
Agent Name			Address		
CHRISTOS S. XENOPHONTOS					
Address	·		City	Zip	
175 OAKLAWN AVENUE		<del></del>	CRANSTON		02920-
This report must be	sig <b>ned in ink</b> by cithe	or the President, Vice P	resident, Secretary, Assistant	Secretary, Treasu	rer, Receiver or Trustee
	11811 BINIS BILLI	EIEEI 1813 1821			
		<b>BJB2</b>     <b>B</b>      <b>B2</b>			
	114648				ffirm that I have examined this ules and statements, and that all
(0)	/ ,	7	statements contained h		
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1 7/10/	/	-	Signature of Officer		Date
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	·····		TREASU	RER	
FOR SECRETARY OF ST	TATE USE ONLY	_	Title of Officer	111-12	



#### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335

401.222.3040

#### NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: June 1 - June 30 Filing Fee: \$20.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 114648 HELLENIC SOCIETY "PAIDEIA" - RHODE ISLAND CHAPTER 3. State of Incorporation 4. Corporate address in Rhode Island - Street Address City Zip **RHODE ISLAND** 5. Foreign corporation. Enter principal office address CIIV State Zin 5 Brief Description of the character of the affairs which are actually conducted in Rhode Island TO PRESERVE AND PROMOTE THE GREEK HERITAGE, IN GENERAL ENCOMPASSING CULTURE, EDUCATION, AND RELIGION. 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS katos City 02865 Street Address Sircei Address Clty CRANSTON 02920 BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23 + PEGORY HOLOGGITAS BUANNE Street Address BRUADWAY 02840 02914 IN EW PORT SZD114ARIZ Street Address City State 3. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78 tgent Name Address **CHRISTOS S. XENOPHONTOS** Address City Zip 175 OAKLAWN AVENUE **CRANSTON** 02920-

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 1 1 4 6 4	8 *
File Date	10-28-04	
Ву:	FOR SECRETARY OF STATE USE ONLY	

Uniter penalty of perjury, I declare a report, including any accompanying statements contained herein are true a	chedules and statements, and that all
lunder	<del>9</del>
Stepoure of Officer	Date
John Lyssikato	<u> </u>
Print or Type Name of Officer President	
Title of Officer	. <u></u>



NON-PROFIT CORPORA	TION ANNUAL REPORT FOR THE YEAR	2003
Filing Period: June 1 - June 30 • Filing		

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FORM MUST BE TYPED OR F		<del></del>			··	<del></del>
1. Corporate 1D No.	2. Name of Corporation					i
114648 3. State of Incorporation		PAIDEIA" - RHODE ISLAND ( Rhode Island - Street Addre		City	<del></del>	Zip
• •	1	_	_	1 '	NSTON	02920
RHODE ISLAND 5. Foreign corporation. Enter pr		LAWN A	VE Tain	State		
o. Poreign corporation. cover pr	incipai ojjice adaress		City	Siuie	[	-p
6. Brief Description of the charac	ter of the affairs which an	e actually conducted in Rhoc	de Island.	<del>_</del>		
TO PRESERVE AND PRO	OMOTE THE GREEK H	ERITAGE, IN GENERAL	ENCOMPASSING CULTURE, E	DUCATION, AN	ND RELIGIO	N.
7. NAMES AND ADDRESSE	S OF THE OFFICERS	("X" BOX FOR ATTACE	HMENT) FILL IN SPACES	BEFORE USIN	G ATTACH	MENTS
President Name			Vice President Name			ł
<u></u>	LYSSIKATOS	<u> </u>	LCHB18TOS_X	ENOPHO	בבסדעו	
Street Address	<b>.</b>		Street Address	ספ		ļ
	ILLSIDE_	17:-	40 RIDGE	DR -		Zip ·
City	State R.T.	02865	EXETER	State R =	1	02822
Secretary Name MADLE	1 1 2 5 1 5 7 5 7	. 12 08	Treasurer Name	0=-001	1	ļ
	I_KOUTSOL	Y'K'N7	POLYDORDS Sirrei Address	PE TROI		
Street Address	00.0000			AVE		
City C	ROGRESS	Zip	37 ONTARIO	State		Zip
PAWTUCKET	RI.	02860	CRANSTON	R	$\mathcal{I}_{-}$	02920
8. NAMES AND ADDRESSE THE NUMBER OF DIRE	S OF THE DIRECTOR CTORS OF A DOMES	RS ("X" BOX FOR ATTAC TIC (RHODE ISLAND)	CHMENT)   FILL IN THE SPACORPORATION SHALL NOT	CES BEFORE <u>BE LESS THA</u>	USING ATT IN THBEE (	TACHMENTS 3). R.I.G.L. 7-6-23
Director Name	_ <del></del> <del>_</del>		Director Name			
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_	.\~. ~ \ \		1	C/ U. 30-5		
SUP SUEKI	NOOD DR-	Zip	126 BE	ECHWDOD		Zip
•	R:T	02891	CRANSTON	RE	I	02921
WESTERLY	T-12:4	100011	Director Name	1 12-	<del></del>	
GREGORY.	DEMET	RAKAS	1	ABLEN	lS	1
	LEGATE RO		Street Address			
	EPT STOW		LIZZ GARDEN	<u> </u>	<u>DR.</u>	
City	State Q T	Zip	City	State O 1	-	7ip 0Z920
CHINSIUM		UCT CUT	CRANSTON	J_ 1/2		
	RHODE ISLAND - D	ONOI ALIEN - Chang	es require filing of Form 641	- K.I.G.L. 7-0-1	13/1-0-18	
Agent Name			riuncess.			
CHRISTOS.S. XENOPHONT	os		Cin	<del></del>	Zip	<del> </del>
Address			City	ļ		
_175 OAKLAWN AVENUE _			CRANSTON		02920	
This report must be <mark>signe</mark>	<mark>d in ink</mark> by either th	e President, Vice Pres	sident, Secretary, Assistant :	Secretary, Tre	asurer, Red	ceiver or Trustee
			Under penalty of perjury,	declare and affi	rm that I have	e examined
		EM (	this report, including any			
<u>*l</u>	<u>, 1 4 0. 4</u>	<b>7°</b> *	and that all statements con			
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File Date			- Polyderos	46/100mm	<u> </u>	-12-03
Chaut No.	<i>50</i>		Signature of Officer	. 5-	Da	ic
Check No.	<del>2</del> 22 1-		PCLYDORI Print or Type Name of Office		<u>irou</u>	
By Fi	111115	_		_		
FOR SECRETARY OF STATE	LISE ONLY	:	TREASI	IRER		Form 631 Rev. 6/0.
TOR SECRETART OF STATE	OSE ONE!	i	Title of Officer			Form 631 Rev. 6/0.



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

### NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

I. Corporate ID No.	2. Name of Cor		DUODE IOI AND CUARTER				
*114648*		HELLENIC SOCIETY "PAIDEIA" - RHODE ISLAND CHAPTER  4. Corporate address in Rhode Island -Street Address   City   Zip					
3. State of Incorporation	1 .	·			02920		
S. Foreign corporation: Enter principal office address			City	Cranston	Zip		
o. Foreign corporation. En	ier principal vyjice add	1633	Chy		Zip		
6 Brief Description of the c TO PRESERVE AND 1	haracter of the affairs of PROMOTE THE GRI	which are actually conducte EEK HERITAGE, IN (	d in Rhode Island BENERAL ENCOMPASSING C	ULTURE, EDUCATION,	AND RELIGION.		
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President Name	onhontos		Vice President Name .Mersine Florio				
Christos S. Xen Sireei Address	opnontos		Street Address				
90 Ridge Drive			.16 Stony Lane				
	State	17/0	City	State	Zip		
<i>City</i> Exeter	RI	7 <i>Zip</i> 02822	Smithfield	RI	02917		
iccrétary Name	!		Treasurer Name	!````			
Karen Bablenis			Polydoros Petro	ou			
Sireet Address	<u> </u>		Street Address				
177 Garden Hill	s Drive		.37 Ontario Aver	านe			
City	State	Zip	City	State	Zip		
City							
Cranston	RI RESSES OF THE D	02920 IRECTORS ("X" BOX F	• Cranston **ORATTACHMENT)	SPACES BEFORE USING	02920 ATTACHMENTS		
Eranston  8. NAMES AND ADDE THE NUMBER (  Director Name	RESSES OF THE D	IRECTORS ("X" BOX F	OR ATTACHMENT)  FILL IN LAND) CORPORATION SHALL Director Name	SPACES BEFORE USING NOT BE LESS THAN THE	ATTACHNIENTS PEE (3).R.I.G.L 7-6-23		
Cranston  8. NAMES AND ADDE THE NUMBER Of Director Name Christos S. Xen	RESSES OF THE D	IRECTORS ("X" BOX F	CORATTACHMENT) FILL IN SLAND) CORPORATION SHALL Director Name  Dr. Joanne Hold	SPACES BEFORE USING NOT BE LESS THAN THE	ATTACHMENTS EE (3).R.I.G.L 7-6-23		
Cranston  8. NAMES AND ADDE THE NUMBER Of Director Nume Christos S. Xen Street Address	RESSES OF THE D	IRECTORS ("X" BOX F	Director Name Dr. Joanne Hole	SPACES BEFORE USING NOT BE LESS THAN THE	ATTACHMENTS EE (3).R.I.G.L 7-6-23		
Cranston  8. NAMES AND ADDE  THE NUMBER OF  Director Nume  Christos S. Xen  Street Address  90 Ridge Drive	RESSES OF THE D OF DIRECTORS OF A Ophontos	IRECTORS ("X" BOX F A DOMESTIC (RHODE IS	Director Name Dr. Joanne Holo Street Address 448 Broadway	SPACES BEFORE USING NOT BE LESS THAN THE oggitas	ATTACHMENTS EE (3).R.I.G.L 7-6-23		
Cranston  8. NAMES AND ADDE  THE NUMBER OF  Director Name  Christos S. Xen  Street Address  90 Ridge Drive  City	RESSES OF THE D OF DIRECTORS OF A Ophontos	IRECTORS ("X" BOX F A DOMESTIC (RHODE IS	Director Name Dr. Joanne Hold Street Address 448 Broadway	SPACES BEFORE USING NOT BE LESS THAN THE oggitas	ATTACHMENTS EE (3).R.I.G.L 7-6-23		
Cranston  8. NAMES AND ADDE THE NUMBER of Director Nume Christos S. Xen Street Address 90 Ridge Drive City Exeter	RESSES OF THE D OF DIRECTORS OF A Ophontos	IRECTORS ("X" BOX F A DOMESTIC (RHODE IS	Director Name Dr. Joanne Hold Street Address 448 Broadway City Newport	SPACES BEFORE USING NOT BE LESS THAN THE oggitas	ATTACHMENTS FEE (3).R.I.G.L 7-6-23  Zip 02827		
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Cranston  8. NAMES AND ADDE THE NUMBER of Director Name Christos S. Xen Street Address 90 Ridge Drive City Exeter Director Name George Anagnost Street Address 158 Ethel Drive City Portsmouth	OS State RI  NT IN RHODE ISL	Zip 02822	Director Name Director Name Dr. Joanne Hold Street Address 448 Broadway City Newport Director Name Andreas Andreos 12 Ferncrest Dr. City Johnston Changes require filing of	State RI  State RI  State RI  Form 641 -R.I.G.L.7-6	72p 0282 02919		
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Cranston  8. NAMES AND ADDE THE NUMBER OF THE NUMBER OF Christos S. Xen Street Address 90 Ridge Drive City Exeter Director Nume George Anagnost Street Address 158 Ethel Drive City Portsmouth 9. REGISTERED AGE Agent Name CHRISTOS S. XENO Address	State RI  OS    State RI  OS    State RI  OS    Price   RI    RI   RI	Zip 02822   Zip 02871  AND-DO NOT ALTER- 0	Director Name Dr. Joanne Hold Street Address 448 Broadway City Newport Director Name Andreas Andreos 12 Fernerest Dr. City Johnston Changes require filing of Address 175 OAKLAWN AV	SPACES BEFORE USING NOT BE LESS THAN THE OGGITAS  State RI  Poulos  State RI  Form 641 -R.I.G.L7-6  ENUE	72p 0282 02919 02919		
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B <u>v:</u>	By Andrews
FOR SECRE	TARY OF STATE USE ONLY 345

this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Christos S. Xenophontos Print or Type Name of Officer

President

Title of Officer

Form 631 Rev. 6/02

#### Non-Profit Corporation Annual Report for the Year 2002

#### HELLENIC SOCIETY PAIDEIA - RI CHAPTER

Corporate ID: 114648

#### **Additional Officers:**

Despina Metakos External Vice-President 54 Sherwood Drive Westerly, RI 02891 Barbara Kondilis Recording Secretary 218 Waterman St. # 208D Providence, RI 02906

#### **Additional Directors:**

Antonis Gavrielides 34 Gentian Drive South Kingstown, RI 02881 Costas Perdikakis 126 Beechwood Drive Cranston, RI 02920



Edward S. Inman, 111, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

(FORM MUST BE TYPED O. . I. Corporate ID No.	R PRINTED IN BLACE  2. Nume of Corpo		<del></del>	<del></del>		
*114648*	HELLENIC SOCIETY "PAIDEIA" - RHODE ISLAND CHAPTER					
3. State of Incorporation	4. Corporate addr	4. Corporate address in Rhode Island -Street Address			Zip	
RHODE ISLAND	175 Oaklaw	175 Oaklawn Avenue		Cranston	02920	
5. Foreign corporation: Ente-	r principal office addres	5	City	State	Zip	
6. Brief Description of the cho	nunctes of the office wh	ich use actually conducte	d in Phode Island		l	
TO PRESERVE AND PR	ROMOTE THE GREE	K HERITAGE, IN C	FENERAL ENCOMPASSING C	OLTURE, EDUCATION,	AND RELIGION.	
7. NAMES AND ADDRE	ESSES OF THE OFF	ICERS ("X" BOX FO	RATTACHMENT)   FILL IN S	PACES BEFORE USING AT	TACHMENTS	
Christos S. Xeno	phontos		Andreas Andreo	poulos		
Street Address	<u>-</u>		Street Address		· · · · · · · · · · · · · · · · · · ·	
90 Ridge Drive			.12 Ferncrest D	rive		
City	State	Zip	City	State	Zip	
Exeter	RI	02822	.Johnston	RI	02919	
Secretary Name		'	Treasurer Name			
Antonis Gavrieli	des		Polydoros Petr	ou		
Street Address			Street Address			
34 Gentian Drive			.37 Ontario Ave			
City	State	Zip	City	State	Zip	
South Kingstown	RI	02881	• Cranston	RI	102920	
			ORATTACHMENT) 🛭 FILL IN			
	F DIRECTORS OF A L	CRHODE IS	LAND) CORPORATION SHALL	NOT BE LESS THAN THE	EE 13/.R.J.G.L 7-6-23	
Director Name			Director Name			
Christos Xenopho	ntos		Dr. Joanne Hol	oggitas ————————————————————————————————————		
Street Address			Street Address			
90 Ridge Drive		Tai Tai	448 Broadway		<u> </u>	
City	State RI	<i>Zip</i>   02822	<i>∙City</i> *Newport	State RI	102840	
Exeter Director Name	J		Director Name			
George Anagnosto	i.e		Andreas Andreo	noulos	3 ( <del>-</del> €2 • 9 (1)	
Street Address			*Street Address		N 02	
158 Ethel Drive			12 Ferncrest D	rive	म भीती	
City	State	Zip	.City	State	Zieo Li	
Portsmouth	RI	02871	Johnston	RI	02919	
9. REGISTERED AGEN Agent Name	T IN RHODE ISLA	ND - DO NOT ALTER- (	Changes require filing of	f Form 641 -R.I.G.L.7-6	13/7-6-78	
CHRISTOS S. XENO	PHONTOS		175 OAKLAWN AV	'ENUE		
Address			City	Zip		
Thuress			CRANSTON	029	20-	
This report must be sig	ned in ink by eith	er the President, Vic	ce President, Secretary, Ass	istant Secretary, Treasu	irer, Receiver or Truste	
( <b>(88</b> 14) :	1 <b>44)</b>    <b>811 819</b>  8 81111 61887	111 1 <b>2 0</b> 1				
* 1 1 4 6 4 8 *			Under penalty of pe	erjury, I declare and affirm t	that I have examined	

\*\*114648\* 11/18/27 B4 B5 A3\*

File Date

NOV 1 9 2002

Check No.

By:

FOR SECRETARY OF STATE USE O'LLY

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.

C.S. Temphorts 11
Signature of Officer Date

Christos S. Xenophontos

President

Title of Officer Form 631 Rev. 6/02

### Non-Profit Corporation Annual Report for the Year 2001

#### HELLENIC SOCIETY PAIDEIA - RI CHAPTER

Corporate ID: 114648

#### **Additional Directors:**

Antonis Gavrielides 34 Gentian Drive South Kingstown, RI 02881 Costas Perdikakis 126 Beechwood Drive Cranston, RI 02920