

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **Non-Profit Corporation**

2020

-> Filing period: June 1 - June 30

→ Filing Fee: \$20.00

-> Penalty: Additional \$25.00 fee if form is not filed by July 30.

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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	5. Brief descri	5. Brief description of the character of business conducted in Rhode Island					
Rhode Island	Religious,	•	•				
4. NAICS Code							
813110 - Religious Organ	niza	•					
6. Principal Office Address		·	City	State	Zip		
125 Manville Hill Road			Cumberland	RI	02864		
7. List ALL officers (names ar	nd addresses)			Check the box to indic	ate an attachment		
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 Standring 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 C	Corporations MUST	list at least THREE directors.	Chack the box to indic			
Olrector Name Trina Crowell (Pledge Monitor)			Check the box to indicate an attachment L 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		
	e Island. This informat		ord in the Department of State. Cha	anges require filing Form 6	41.		
	declare and affirm (that I have examin	ed this report, including any				
			Secretary, Treasurer, duly Authorized R	epresentative, Receiver or Tru	stee.		
Name of Officer/Authorized Representative				Date			
Very Rev,. Vasily Lickwar				May 20, 20	May 20, 2020		
Signature of Officer/Authorize		•••					

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov