



RI SOS Filing Number: 202041300240 Date: 6/2/2020 4:00:00 PM
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.

FILED

JUN 02 2020

BY

3282 DS

1. Entity ID Number 1672806		2. Exact name of the Corporation St. Michael's Ukrainian Catholic Cemetery Corp.	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Religious Services	
4. NAICS Code 813110			
6. Principal Office Address 394 Blackstone Stz		City Woonsocket	State RI
		Zip 02895	
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
President Name Bishop Paul Chomnycky O.S.B.M.		Vice-President Name V. Rev. Karel Angelov	
Street Address 161 Glenbrook Rd		Street Address 21 Shonard Pl	
City Stamford	State CT	City Yonkers	State NY
Zip 06902		Zip 10703	
Secretary Name Rev. Fr. Mykhaylo Dosyak		Treasurer Name Jacqueline A. Bossard	
Street Address 394 Blackstone Stz.		Street Address 182 New Canal Ave	
City Woonsocket	State RI	City Woonsocket	State RI
Zip 02895		Zip 02895	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <input type="checkbox"/> Check the box to indicate an attachment			
Director Name John Trach		Director Name Dr. Michael Kufas	
Street Address 30 Letendre Rd		Street Address 124 Tobie Ave	
City Seekonk	State MA	City Pawtucket	State RI
Zip 02771		Zip 02861	
Director Name Oksana Gajdalo		Director Name Dr. Roman Kufas	
Street Address 872 Cottage St.		Street Address 50 Galen Ct.	
City Pawtucket	State RI	City Seekonk	State MA
Zip 02861		Zip 02771	
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 Rev. Fr. Mykhaylo Dosyak			Date 5.25.20
Signature of Officer/Authorized Representative J. M. [Signature]			

MAIL TO:

Division of Business Services

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