



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

FILED

Annual Report for the year:
Non-Profit Corporation

2021

JUN 14 2021

BY 1268

- 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 114648		2. Exact name of the Corporation Hellenic Society Paideia RI Chapter			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO PRESERVE AND PROMOTE THE GREEK HERITAGE. IN GENERAL ENCOMPASSING CULTURE, EDUCATION AND RELIGION			
4. NAICS Code 813319 - Other Social Advoca					
6. Principal Office Address 175 OAKLAWN AVE			City CRANSTON	State RI	Zip 02920
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ILIAS TOMAZOS			Vice-President Name THEMISTOKLIS KARATZAS		
Street Address 14 NEWELL AVE			Street Address 55 HILL RD APT 607		
City BRISTOL	State CT	Zip 06010	City BELMONT	State MA	Zip 02478
Secretary Name ELENI ANAGNOSTOPOULOS			Treasurer Name POLYDOROS PETROU		
Street Address 61 ASHTON AVE			Street Address 37 ONTARIO AVE		
City NORTH KINGSTOWN	State RI	Zip 02852	City CRANSTON	State RI	Zip 02920
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 COSTAS PERDIKAKIS			Director Name POLYDOROS PETROU		
Street Address 126 BEACHWOOD DR			Street Address 37 ONTARIO AVE		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02920
Director Name ILIAS TOMAZOS			Director Name ISAAC GIBSON		
Street Address 14 NEWELL AVE			Street Address 257 WILLIAMS ST		
City BRISTOL	State CT	Zip 06010	City PROVIDENCE	State RI	Zip 02906
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 POLYDOROS PETROU TREASURER				Date 6-9-21	
Signature of Officer/Authorized Representative <i>Polydoros Petrou</i>			SIGN DOCUMENT HERE		

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov