



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

Annual Report for the year: **2021**  
 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.

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|   |                    |   |                           |                        |
|---|--------------------|---|---------------------------|------------------------|
| 1. Entity ID Number<br><b>82187</b>   |                    | 2. Exact name of the Corporation<br><b>AHEPA 245 11 INC</b>   |                           |                        |
| 3. State of Incorporation<br><b>RI</b>  |                    | 5. Brief description of the character of business conducted in Rhode Island<br><br><b>provide elderly housing</b> |                           |                        |
| 4. NAICS Code<br><b>624229</b>  |                    |   |                           |                        |
| 6. Principal Office Address<br><b>87 Givard Ave</b>   |                    | City<br><b>Newport</b>  | State<br><b>RI</b>        | Zip<br><b>02840</b>    |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachmer</span>  |                    |   |                           |                        |
| President Name<br><b>Michael Spak</b>   |                    | Vice-President Name<br><b>Ernest Violet</b>   |                           |                        |
| Street Address<br><b>51 Wintergreen Dr</b>  |                    | Street Address<br><b>228 E Shore Rd</b>   |                           |                        |
| City<br><b>Middletown</b>   | State<br><b>RI</b> | Zip<br><b>02842</b>   | City<br><b>Jamestown</b>  | State<br><b>RI</b>     |
| City<br><b>Middletown</b>   | State<br><b>RI</b> | Zip<br><b>02842</b>   | City<br><b>Newport</b>    | State<br><b>RI</b>     |
| Secretary Name<br><b>Bazile Panoutsopoulos</b>  |                    | Treasurer Name<br><b>James Rozes</b>  |                           |                        |
| Street Address<br><b>12 Connecticut Ave</b>   |                    | Street Address<br><b>6 Annandale Terr</b>   |                           |                        |
| City<br><b>Middletown</b>   |                    | State<br><b>RI</b>  | City<br><b>Newport</b>    | State<br><b>RI</b>     |
| City<br><b>Middletown</b>   | State<br><b>RI</b> | Zip<br><b>02842</b>   | City<br><b>Newport</b>    | State<br><b>RI</b>     |
| 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachmer</span>                                  |                    |   |                           |                        |
| Director Name<br><b>Demetrios Georgiou</b>  |                    | Director Name<br><b>Norman Moreau</b>   |                           |                        |
| Street Address<br><b>7 Maidford River Rd</b>  |                    | Street Address<br><b>25 Seafare Ln</b>  |                           |                        |
| City<br><b>Middletown</b>   | State<br><b>RI</b> | Zip<br><b>02840</b>   | City<br><b>Portsmouth</b> | State<br><b>RI</b>     |
| City<br><b>Newport</b>  | State<br><b>RI</b> | Zip<br><b>02840</b>   | City<br><b>Middletown</b> | State<br><b>RI</b>     |
| Director Name<br><b>Christopher Christopher</b>   |                    | Director Name<br><b>Leonidas Amarant</b>  |                           |                        |
| Street Address<br><b>40 Teppa Blvd</b>  |                    | Street Address<br><b>60 Island Dr</b>   |                           |                        |
| City<br><b>Newport</b>  | State<br><b>RI</b> | Zip<br><b>02840</b>   | City<br><b>Middletown</b> | State<br><b>RI</b>     |
| City<br><b>Newport</b>  | State<br><b>RI</b> | Zip<br><b>02840</b>   | City<br><b>Middletown</b> | State<br><b>RI</b>     |
| 9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.   |                    |   |                           |                        |
| <b>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.</b> |                    |   |                           |                        |
| 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<br><b>James Rozes / Treas</b>   |                    |   |                           | Date<br><b>6/15/21</b> |
| Signature of Officer/Authorized Representative<br><b>James Rozes</b>  |                    |   |                           |                        |

MAIL TO:  
 Division of Business Services  
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