



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FEB 06 2023

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1. Entity ID Number 000082187		2. Exact name of the Corporation AHEPA 245-II, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Subsidized Senior Housing			
4. NAICS Code 624229 - Other Community Hou					
6. Principal Office Address 87 Girard Avenue		City Newport		State RI	Zip 02840
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael S. Sisak, Ph.D.			Vice-President Name Ernest Violet		
Street Address 51 Wintergreen Drive			Street Address 228 East Shore Drive		
City Middletown	State RI	Zip 02842	City Jamestown	State RI	Zip 02835
Secretary Name Basile Panoutsopoulos			Treasurer Name None		
Street Address 12 Connecticut Avenue			Street Address		
City Middletown	State RI	Zip 02842	City	State	Zip
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 Christopher Christopher			Director Name Norman Moreau		
Street Address 40 Toppa Blvd.			Street Address 25 Seafare Lane		
City Newport	State RI	Zip 02840	City Portsmouth	State RI	Zip 02871
Director Name Leonidas Amarant			Director Name N/A		
Street Address 60 Island Drive			Street Address		
City Middletown	State RI	Zip 02842	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. 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 Michael S. Sisak					Date Feb. 1, 2023
Signature of Officer/Authorized Representative <i>Michael S. Sisak</i>					

MAIL TO:
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Website: www.sos.ri.gov