



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Non-Profit Corporation

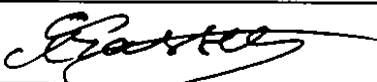
→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

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

FEB 06 2023

3716

1. Entity ID Number 30085		2. Exact name of the Corporation St. John The Baptist Romanian Orthodox Church			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island RELIGIOUS SERVICES			
4. NAICS Code 813110 - Religious Organization <input type="checkbox"/>					
6. Principal Office Address 501 E. SCHOOL ST		City WOONSOCKET	State RI	Zip 02895	
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
President Name NICHOLAS G. GASSEY		Vice-President Name FLAVIAN IOVANEL			
Street Address 506 PROSPECT ST		Street Address 117 TAUNTON ST			
City WOONSOCKET	State RI	Zip 02895	City PLAINVILLE	State MA	Zip 02762
Secretary Name GEORGETA GASSEY		Treasurer Name GEORGE TRUTZA			
Street Address 506 PROSPCT ST		Street Address 140 SIGNAL RIDGE WAY			
City WOONSOCKET	State RI	Zip 02895	City EAST GREENWICH	State RI	Zip 02818
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 ILEANA PLACE		Director Name MIHAELA IOVANEL			
Street Address 155 ADIRONDACK DRIVE		Street Address 117 TAUNTON ST			
City EAST GREENWICH	State RI	Zip 02818	City PLAINVILLE	State MA	Zip 02762
Director Name MICHAEL CHEAMITRU		Director Name NONE			
Street Address 13803 DRAKE DRIVE		Street Address NONE			
City ROCKVILLE	State MD	Zip 20853	City NONE	State NONE	Zip NONE
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative GEORGETA GASSEY				Date 02/01/2023	
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615