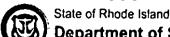
RI SOS Filing Number: 202446713690 Date: 2/14/2024 4:00:00 PM



Department of State - Business Services Division

Annual Report for the year:	2024
Non-Profit Corporation	

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-> Filing period: February 1 - May 1

→ Filing Fee: \$20.00

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

Entity ID Number	2. Exact name of the Corporation					
000031343	Dormition of the Virgin Mary Orthodox Church					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
Rhode Island	Religious, Charitable, non-Profit, 501(c)3					
4. NAICS Code	1					
813110 - Religious Organizations						
6. Principal Office Address			City	State	Zip	
71 Manville Hill Rd.			Cumberland	RI	02864	
7. List ALL officers (names and addresses) Check the box to indicate an attachment						
President Name Very Rev. Vasily A. Lickwar		Vice-President Name				
Street Address 125 Manville Hill Rd.		Street Address				
City Cumberland	State RI	^{Zip} 02864	City	State RI	Zip	
Secretary Name Dina Witner	Treasurer Name Luba Stolyar		Treasurer Name Luba Stolyarov	ova		
Street Address 8 Standring St.		Street Address 57 Setian Lane				
City Cumberland	State RI	^{Zip} 02864	City West Warwick	State RI	^{Zip} 02893	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment						
Director Name Trina Crowell (Pledge Monitor)			Director Name Gregory Kwak (Website Master)			
Street Address 26 Pilgrim Ave.		Street Address 11 Perez St.				
City Rumford	State RI	^{Zip} 02916	City Attleboro	State MA	^{Zip} 02703	
Director Name David Emrich (Assistant Treasurer)			Director Name Andrew Kadak (Trustee)			
Street Address 63 Martin Ave.		Street Address 4 Deborah Ann Drive				
^{City} Barrington	State RI	^{Zip} 02806	^{City} Rehoboth	State MA	^{Zip} 02769	
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.						
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treesurer, duly Authorized Representative, Receiver or Trustee.						
Name of Officer/Authorized Representative			Date			
Very Rev. Vasily A. Lickwar			February 1, 2024			
Signature of Officer/Authorized Representative						
Rev. Vasily a. Lickwar						

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov