



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

State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2024

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 14 2024

STAMP

5979<sup>2</sup>

1. Entity ID Number 000031343		2. Exact name of the Corporation Dormition of the Virgin Mary Orthodox Church			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Religious, Charitable, non-Profit, 501(c)3			
4. NAICS Code 813110 - Religious Organizations					
6. Principal Office Address 71 Manville Hill Rd.		City Cumberland		State RI	Zip 02864
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 Stolyarova		
Street Address 8 Standing 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 <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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.					
<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>					
<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 Very Rev. Vasily A. Lickwar				Date February 1, 2024	
Signature of Officer/Authorized Representative <i>Rev. Vasily A. Lickwar</i>					

MAIL TO:  
Division of Business Services  
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Website: [www.sos.ri.gov](http://www.sos.ri.gov)