RI SOS Filing Number: 202446976770 Date: 2/20/2024 4:00:00 PM

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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

FILED	4.63
FEB/2 0 200	915

→ Penalty: Additional \$25.00 fee if	form is not filed by	May 31.		<u>, , , , , , , , , , , , , , , , , , , </u>	-		
1. Entity ID Number 000030085	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 Org							
			T	Ŧ.	T_:		
Principal Office Address SO1 EAST SCHOOL STR	REET		WOONSOCKET	State	Zip 02895		
7. List ALL officers (names and add	tresses)		Check the	box to indicate an a	ittachment 🔲		
President Name NICHOLAS G.	sident Name NICHOLAS G. GASSEY			Vice-President Name FLAVIAN IOVANEL			
Street Address 506 PROSPECT STREET			Street Address 117 TAUNTON STREET				
City WOONSOCKET	State RI	^{Zip} 02895	City PLAINVILLE	State MA	^{Ζιρ} Ü2/62		
Secretary Name GEORGETA							
Street Address 506 PROSPEC	58 506 PROSPECT STREET		Street Address 140 SIGNAL RIDGE WAY				
City WOONSOCKET	State RI	^{Zip} 02895	City EAST GREENWICH	State RI	ნ2818		
8. List ALL directors (names and ad	dresses). RI Corr	porations MUST li		e box to indicate an	attachment		
Director Name ILEANA PLACE			D.rector Name MIHAELA IOVANEL				
Street Address 155 ADIRONDACK DRIVE			Street Address 117 TAUNTON STREET				
City EAST GREENWICH	State RI	^{Zip} 02818	City PLAINVILLE	State MA	Zip UZ/62		
Director Name MICHAEL CHEAMITRU Director Name N			Director Name NONE	1	·		
Street Address 125 FRANKS CREEK DRIVE			Street Address NONE				
City HERTFORD	State NC	^{Zip} 27944	City NONE	State NONE	NONE		
9. The Registered Agent informatio	n of record with th	e RI Department	of State is accurate. Changes require	e filing Form 641.	<u>.</u>		
Under penalty of perjury, I decial statements, and that all statemen			d this report, including any accom	panying schedul	es and		
 			ecretary. Treasurer, duly Authorized Represente	live, Receiver or Truste	c.		
Name of Officer/Authorized Representative			Date				
GEORGETA GASSEY			02/15/2024				
Signature of Officer/Authorized Rep	resentative	Charre	2	1			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040