RI SOS Filing Number: 202447445040 Date: 2/26/2024 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Non-Profit Corporation

FEB 26 2024
164 8

→ Filing period: February 1 - May 1
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation
000037977	AHEPA 245, Inc
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: HUD ELDERLY HOUSING
4. NAICS Code: 624229	

6. Principal Office Address	City	State	Zip
87 Girard Avenue	Newport	RI	02840

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Michael S. Sisak			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: Alexander Philippides			Treasurer Name: Norman Moreau		
Street Address: 7 Maidford River Road			Street Address: 25 Seafare Lane		
City: Middletown	State: RI	Zip: 02842	City: Portsmouth	State: RI	Zip: 02871

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name: Leonidas Amarant			Director Name: John Grossomanides		
Street Address: 60 Island Drive			Street Address: 153 High Street #3		
City: Middletown	State: RI	Zip: 02842	City: Westerly	State: RI	Zip: 02891
Director Name: John Panagako			Director Name: George Panichas		
Street Address: 12 Jessica Lane			Street Address: 58 Wyndham Hill		
City: Narragansett	State: RI	Zip: 02882	City: Middletown	State: RI	Zip: 02842

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, Treasurer, duly Authorized Representative, Receiver or Trustee

Name of Officer/Authorized Representative	Date
Michael S. Sisak	**2/8/2024**

Signature of Officer/Authorized Representative: Michael S. Sisak

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631- Revised: 12/2023