



Department of State - Business Services Division

FILED

Annual Report for the year: 2024
 Non-Profit Corporation

MAR 06 2024
 BY 3748 DS

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number <u>1672806</u>		2. Exact name of the Corporation <u>St. Michael's Ukrainian Catholic Cemetery Corp</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Religious Services</u>			
4. NAICS Code <u>813110</u>					
6. Principal Office Address <u>394 Blackstone Str.</u>			City <u>Woonsocket</u>	State <u>RI</u>	Zip <u>02895</u>
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>Bishop Paul Chomnycky OSBM</u>			Vice-President Name <u>V. Rev. Kiril Angelov</u>		
Street Address <u>161 Glembrook Rd</u>			Street Address <u>21 Shonard Pl.</u>		
City <u>Stamford</u>	State <u>CT</u>	Zip <u>06902</u>	City <u>Yonkers</u>	State <u>NY</u>	Zip <u>10703</u>
Secretary Name <u>Rev. Fr. Mykhaylo Dasyak</u>			Treasurer Name <u>Michael Rapko</u>		
Street Address <u>394 Blackstone Str.</u>			Street Address <u>25 Old Greenville Rd</u>		
City <u>Woonsocket</u>	State <u>RI</u>	Zip <u>02895</u>	City <u>N. Smithfield</u>	State <u>RI</u>	Zip <u>02896</u>
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 <u>John Trach</u>			Director Name <u>Dr. Michael Klufas</u>		
Street Address <u>30 Letendre Rd</u>			Street Address <u>128 Teller Ave</u>		
City <u>Seekonk</u>	State <u>MA</u>	Zip <u>02771</u>	City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02861</u>
Director Name <u>Oksana Gajdalo</u>			Director Name <u>Dr. Roman Klufas</u>		
Street Address <u>872 Cottage Str.</u>			Street Address <u>50 Galen Ct.</u>		
City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02861</u>	City <u>Seekonk</u>	State <u>MA</u>	Zip <u>02771</u>
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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 <u>Rev. Fr. Mykhaylo Dasyak</u>					Date <u>3.3.24</u>
Signature of Officer/Authorized Representative <u>J. M. Dasyak</u> <small>SIGN DOCUMENT HERE</small>					