



State of Rhode Island
Department of State - Business Services Division

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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.

1. Entity ID Number 000029380		2. Exact name of the Corporation SAINT EPHRAIM SYRIAN CHURCH			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Church.			
4. NAICS Code 813110					
6. Principal Office Address 215 Washington Street			City Central Falls	State RI	Zip 02863
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John Barsoum			Vice-President Name Antar Mardenly		
Street Address 670 Knotty Oak Road			Street Address 487 Old River Road		
City Coventry	State RI	Zip 02816	City Manville	State RI	Zip 02838
Secretary Name Christine Shabo			Treasurer Name Alexander Oussi		
Street Address 44 South Street			Street Address 30 Salem Drive		
City Lincoln	State RI	Zip 02865	City North Providence	State RI	Zip 02904
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 John Barsoum			Director Name Antar Shabo		
Street Address 670 Knotty Oak Road			Street Address 487 Old River Road		
City Coventry	State RI	Zip 02816	City Manville	State RI	Zip 02838
Director Name Christine Shabo			Director Name Alexander Oussi		
Street Address 44 South Street			Street Address 39 Salem Drive		
City Lincoln	State RI	Zip 02865	City North Providence	State RI	Zip 02904
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.					
<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 John Barsoum, President					Date 3/6/24
Signature of Officer/Authorized Representative					FILED

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

APR 25 2024
BY F3514
FORM 631- Revised: 12/2023