RI SOS Filing Number: 202564885680 Date: 2/15/2025 11:19:00 AM



State of Rhode Island Office of the Secretary of State

Fee: \$20.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Non-Profit Corporation Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR **2025**: 2025

- 1. Corporate ID No. 000026976
- 2. Name of Corporation Island of Skiathos Organization
- 3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here.</u>

NAICS Code

813410

4. Principal Office Address

No. and Street: 54 BERKELEY AVENUE

City or Town: NEWPORT State: RI Zip: 02840 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

CHARITABLE

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

PRESIDENT	MYRSINE LOGOTHETS	54 BERKELEY AVE
		NEWPORT, RI 02840 USA
TREASURER	KATHRYN WILLIAMS	<u> </u>
IREASURER	KATHKTN WILLIAMS	29 HERITAGE LANE
		COHASSET, MA 02025 USA
SECRETARY	KAREN BABLENIS	4 ODEY COACHLANE LINE 404
		1 GREY COACH LANE, UNIT 101
		CRANSTON, RI 02921 USA
VICE PRESIDENT	KATHRYN MCKEON	51 BERKELEY AVE
		NEWPORT, RI 02840 USA
		14EW 51(1, 1(1 020+0 05)(1
DIRECTOR	JOHN MICHAEL	129 WASHINGTON STREET
		NEWPORT, RI 02840 USA
OTHER OFFICER	KATHRYN WILLIAMS	
OTTIER OFFICER	TO CONTINUE TO THE PART OF THE	29 HERITAGE LANE
		COHASSET, MA 02025
DIRECTOR	KATHRYN WILLIAMS	29 HERITAGE LANE
		COHASSET, MA 02025 USA
DIRECTOR	KATHRYN MCKEON	51 BERKELEY AVE.
		NEWPORT, RI 02840 USA
		11EW 51(1, 1(1 02040 55))
DIRECTOR	TAMMY LOGOTHETS	54 BERKELEY AVENUE
		NEWPORT, RI 02840 USA
DIRECTOR	MYRSINE MCKEON	
DIRECTOR	WITKSINE MCKEON	53 BERKELEY AVENUE
		NEWPORT, RI 02840 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

CHRISTINA LOGOTHETS 54 BERKELEY AVENUE NEWPORT, RI 02840

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 15 Day of February, 2025 at 11:21:35 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By KATHRYN WILLIAMS

Signature of Authorized Person

Form No. 631 Revised 09/07

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