~~RI SOS Filing Number: 202566722730 Date: 3/7/2025 4:00:00 PM~~

State of Rhode Island
**Department of State - Business Services Division**

FILED
MAR 07 2025
BY

**Annual Report for the year:** 2025
**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 | 2. Exact name of the Corporation |
|---|---|
| 000030085 | 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 | |

| 6. Principal Office Address | City | State | Zip |
|---|---|---|---|
| 501 EAST SCHOOL STREET | WOONSOCKET | RI | 02895 |

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

| | | | | | |
|---|---|---|---|---|---|
| President Name: NICHOLAS G. GASSEY | | | Vice-President Name: FLAVIAN IOVANEL | | |
| Street Address: 506 PROSPECT ST | | | Street Address: 117 TAUNTON STREET | | |
| City: WOONSOCKET | State: RI | Zip: 02895 | City: PLAINVILLE | State: MA | Zip: 02762 |
| Secretary Name: GEORGETA GASSEY | | | Treasurer Name: GEORGE TRUTZA | | |
| Street Address: 506 PROSPECT ST | | | Street Address: 140 SIGNAL RIDGE WAY | | |
| City: WOONSOCKET | State: RI | Zip: 02895 | City: EAST GREENWICH | State: RI | Zip: 02818 |

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

| | | | | | |
|---|---|---|---|---|---|
| Director Name: ILEANA PLACE | | | Director 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: 02762 |
| Director Name: MICHAEL CHEAMITRU | | | Director Name: NONE | | |
| Street Address: 125 FRANKS CREEK DRIVE | | | Street Address: NONE | | |
| City: HERTFORD | State: NC | Zip: 27944 | City: NONE | State: NONE | Zip: NONE |

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 |
|---|---|
| **GEORGETA GASSEY** | **03/05/2025** |

Signature of Officer/Authorized Representative

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