RI SOS Filing Number: 201745554320 Date: 6/15/2017 4:00:00 PM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2017 **Non-Profit Corporation** 

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

1. Entity ID Number <b>26810</b>		2. Exact name of the Corporation Independent Greek Orthodox Church of Saint Anthony in Pawtucket, Rhode Island				
3. State of Incorporation	5. Brief descr	5. Brief description of the character of business conducted in Rhode Island				
Rhode Island	Greek Orth	Greek Orthodox Church				
4. NAICS Code 813110						
6. Principal Office Address			City	State	Zip	
214 Roosevelt Avenue, Apt 616			Pawtucket	RI	02860	
7. List ALL officers (names and addresses)				Check the box to indicate	an attachment	
President Name Very Reverend Anthony G. Houlakis			Vice-President Name Ms. Loukia Giannakas			
Street Address 214 Roosevelt Avenue, Apt 616			Street Address 214 Roosevelt Avenue, Apt 708			
City Pawtucket	State RI	<sup>Zip</sup> <b>02860</b>	City Pawtucket	State RI	Zip 02860	
Secretary Name Van Duros			Treasurer Name Very Reverend Anthony G. Houlakis			
Street Address 789 Summer Street			Street Address 214 Roosevelt Avenue, Apt 616			
<sup>City</sup> Lynnfield	State MA	<sup>Zip</sup> 01940	City Pawtucket	State RI	<sup>Zip</sup> 02860	
8. List ALL directors (names a	nd addresses). RI C	orporations MUST	list at least THREE directors.	Check the box to indic	cate an attachment	
Director Name Ms. Stella Daniel			Director Name Ms. Susan Makarios			
Street Address 89 Green Street			Street Address 13 Drake Circle			
<sup>City</sup> Pawtucket	State RI	<sup>Zip</sup> 02860	City Waipole	State MA	<sup>Zip</sup> 02081	
Director Name Ms. Irene Duros			Director Name Mr. Lazaros Saltouridis			
Street Address 789 Summer Street			Street Address 370 March Road			
City Lynnfield	State MA	<sup>Zip</sup> 01940	City Northfield	State MA	<sup>Zip</sup> 06778	
9. Registered Agent in Rhode	Island. This information	on is currently of reco	rd in the Department of State. Ch	anges require filing Form 6	<b>\$1.</b>	
Under penalty of perjury, I d statements, and that all state				accompanying sched	ules and	
This report must be signed by either th	e President, Vice-Preside	nt, Secretary, Assistant S	Secretary, Treasurer, duly Authonized F	Representative, Receiver or Tru	stee.	
Name of Officer/Authorized Re	epresentative			Date		
Very Reverend Anthony (	3. Houlakis			FILE 012/2017	-	
Signature of Officer/Authorized			e e e e e e e e e e e e e e e e e e e	UN 1 5 2017	the second state of the second se	
Very Rungrad.						

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

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