



Department of State - Business Services Division

FILED

Annual Report for the year: 2022  
 Non-Profit Corporation

JAN 26 2022  
 BY *[Signature]*

- 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<br><b>30759</b>  |                    | 2. Exact name of the Corporation<br><b>St. Michael's Ukrainian Catholic Church</b>                       |   |                    |                        |
| 3. State of Incorporation<br><b>Ri</b>   |                    | 5. Brief description of the character of business conducted in Rhode Island<br><b>Religious Services</b> |   |                    |                        |
| 4. NAICS Code<br><b>813110</b>   |                    |  |   |                    |                        |
| 6. Principal Office Address<br><b>394 Blackstone Str.</b>  |                    |  | City<br><b>Woonsocket</b>                             | State<br><b>Ri</b> | Zip<br><b>02895</b>    |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |  |   |                    |                        |
| President Name<br><b>Bishop Paul Chomnycky OSBM</b>  |                    |  | Vice-President Name<br><b>Ver. Rev. Kiril Angelov</b> |                    |                        |
| Street Address<br><b>161 Glenbrook Rd</b>  |                    |  | Street Address<br><b>21 Shonard Pl.</b>               |                    |                        |
| City<br><b>Stamford</b>  | State<br><b>CT</b> | Zip<br><b>06902</b>  | City<br><b>Yonkers</b>                                | State<br><b>NY</b> | Zip<br><b>10703</b>    |
| Secretary Name<br><b>Rev. Fr. Mykhaylo Dosyak</b>  |                    |  | Treasurer Name<br><b>Michael Rapko</b>                |                    |                        |
| Street Address<br><b>394 Blackstone Str.</b>   |                    |  | Street Address<br><b>25 Old Greenville Rd</b>         |                    |                        |
| City<br><b>Woonsocket</b>  | State<br><b>Ri</b> | Zip<br><b>02895</b>  | City<br><b>N. Smithfield</b>                          | State<br><b>Ri</b> | Zip<br><b>02896</b>    |
| 8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                    |  |   |                    |                        |
| Director Name<br><b>John Trach</b>   |                    |  | Director Name<br><b>Dr. Michael Klufas</b>            |                    |                        |
| Street Address<br><b>30 Catenore Rd</b>  |                    |  | Street Address<br><b>124 Tobie Ave</b>                |                    |                        |
| City<br><b>Seekonk</b>   | State<br><b>MA</b> | Zip<br><b>02771</b>  | City<br><b>Pawtucket</b>                              | State<br><b>Ri</b> | Zip<br><b>02861</b>    |
| Director Name<br><b>Oksana Gajdalo</b>   |                    |  | Director Name<br><b>Dr. Roman Klufas</b>              |                    |                        |
| Street Address<br><b>872 Cottage Str.</b>  |                    |  | Street Address<br><b>50 Galen Ct.</b>                 |                    |                        |
| City<br><b>Pawtucket</b>   | State<br><b>Ri</b> | Zip<br><b>02861</b>  | City<br><b>Seekonk</b>                                | State<br><b>MA</b> | Zip<br><b>02771</b>    |
| 9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.  |                    |  |   |                    |                        |
| <b>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.</b>        |                    |  |   |                    |                        |
| <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<br><b>Rev. Fr. Mykhaylo Dosyak</b>   |                    |  |   |                    | Date<br><b>1.20.22</b> |
| Signature of Officer/Authorized Representative<br><i>[Signature]</i> <span style="float: right;">SIGN DOCUMENT HERE</span>   |                    |  |   |                    |                        |