



Department of State - Business Services Division

FILED

Annual Report for the year: 2024  
 Non-Profit Corporation

MAR 06 2024

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

BY 3148 DS

1. Entity ID Number <b>30759</b>		2. Exact name of the Corporation <b>St. Michael Ukrainian Catholic Church</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Religious Services</b>	
4. NAICS Code <b>813110</b>			
6. Principal Office Address <b>394 Blackstone Str.</b>		City <b>Woonsocket</b>	State <b>RI</b>
		Zip <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 <b>Bishop Paul Chomnycky OSBM</b>		Vice-President Name <b>Very Rev. Kirił Angelo</b>	
Street Address <b>161 Glenbrook Rd</b>		Street Address <b>41 Shonard Pl.</b>	
City <b>Stamford</b>	State <b>CT</b>	City <b>Yonkers</b>	State <b>NY</b>
Zip <b>06902</b>		Zip <b>10703</b>	
Secretary Name <b>Rev. Fr. Mykhaylo Dosyok</b>		Treasurer Name <b>Michael Rapko</b>	
Street Address <b>394 Blackstone Str.</b>		Street Address <b>25 Old Greenville Rd</b>	
City <b>Woonsocket</b>	State <b>RI</b>	City <b>N. Smithfield</b>	State <b>RI</b>
Zip <b>02895</b>		Zip <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 <b>John Tkach</b>		Director Name <b>Dr. Michael Klefas</b>	
Street Address <b>30 Latendre Rd</b>		Street Address <b>126 Tobie Ave.</b>	
City <b>Seekonk</b>	State <b>MA</b>	City <b>Pawtucket</b>	State <b>RI</b>
Zip <b>02771</b>		Zip <b>02861</b>	
Director Name <b>Oksana Gajdalo</b>		Director Name <b>Dr. Roman Klefas</b>	
Street Address <b>872 Cottage St.</b>		Street Address <b>50 Garden Ct.</b>	
City <b>Pawtucket</b>	State <b>RI</b>	City <b>Seekonk</b>	State <b>MA</b>
Zip <b>02861</b>		Zip <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>			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>			
Name of Officer/Authorized Representative <b>Rev. Fr. Mykhaylo Dosyok</b>			Date <b>3.3.24</b>
Signature of Officer/Authorized Representative <i>J. M. Dosyok</i>			

SIGN DOCUMENT HERE