



**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 2024: 2024

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 [click here](#).

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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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PRESIDENT	MYRSINE LOGOTHETS	54 BERKELEY AVE NEWPORT, RI 02840 USA
TREASURER	KATHRYN WILLIAMS	29 HERITAGE LANE COHASSET, MA 02025 USA
SECRETARY	KAREN BABLENIS	1 GREY COACH LANE, UNIT 101 CRANSTON, RI 02921 USA
DIRECTOR	JOHN MICHAEL	129 WASHINGTON STREET NEWPORT, RI 02840 USA
VICE PRESIDENT	KATHRYN MCKEON	51 BERKELEY AVE NEWPORT, RI 02840 USA
DIRECTOR	KATHRYN WILLIAMS	29 HERITAGE LANE COHASSET, MA 02025 USA
DIRECTOR	KATHRYN MCKEON	51 BERKELEY AVE. 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 16 Day of March, 2024 at 11:07:53 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 MYRSINE LOGOTHETS
Signature of Authorized Person

Form No. 631
Revised 09/07

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