

1.) CORPORATION NAME:

St. Mary's Indian Orthodox Church of Northern Virginia

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**LENU IDICULLA PHILIP
43825 JENKINS LANE
ASHBURN, VA**

SCC ID NO: **06332118**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

LOUDOUN COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 43825 Jenkins Lane

CITY/ST/ZIP: Ashburn, VA 20147

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	REV FR GEORGE C MATHEW	
TITLE:	PRESIDENT	
ADDRESS:	2106 HARMONY WOODS RD	
CITY/ST/ZIP/CO:	OWINGS MILLS, MD 21117	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GEORGE KURIAKOSE	
TITLE:	ASST TREASURER	
ADDRESS:	43606 ALDIE MILL CT	
CITY/ST/ZIP/CO:	CHANTILLY, VA 20152	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	SHEEN MATHEW JUSTIN	
TITLE:	OFFICER	
ADDRESS:	3207 SILVERSTONE CT	
CITY/ST/ZIP/CO:	OAKTON, VA 22124	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MATHEW MAMMEN	
TITLE:	OFFICER	
ADDRESS:	24117 Statesboro Place	
CITY/ST/ZIP/CO:	Ashburn, VA 20148	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MAMMEN K VARGHESE	
TITLE:	SECRETARY	
ADDRESS:	8113 DUMONT CT	
CITY/ST/ZIP/CO:	APT 102 VIENNA, VA 22180	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	LENU IDICULLA PHILIP	
TITLE:	TREASURER	
ADDRESS:	43030 Golf View Dr	
CITY/ST/ZIP/CO:	CHANTILLY, VA 20152	

NAME: ANIL JOHN TITLE: OFFICER ADDRESS: 5961 Colchester Rd CITY/ST/ZIP/CO: FAIRFAX, VA 22030	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ABRAHAM CHANDY TITLE: OFFICER ADDRESS: 43221 Loudoun Reserve Dr CITY/ST/ZIP/CO: ASHBURN, VA 20148	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: FEBIN SUSAN JOHN TITLE: OFFICER ADDRESS: 3207 Arrowhead Circle CITY/ST/ZIP/CO: Apt L Fairfax, VA 22030	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ REV FR GEORGE C MATHEW SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	REV FR GEORGE C MATHEW, PRESIDENT PRINTED NAME AND CORPORATE TITLE	1/15/2014 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		