



# NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 \* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* 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.

1. Corporate ID No. <b>28970</b>		2. Name of Corporation <b>The Church of the Holy Cross of Central Falls, R.I.</b>			
3. State of Incorporation <b>RHODE ISLAND</b>		4. Corporate address in Rhode Island - Street Address <b>320 High Street</b>		City <b>CENTRAL FALLS</b>	Zip <b>02863</b>
5. Foreign corporation. Enter principal office address			City	State <b>R.I.</b>	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <b>CHURCH</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>MICHAEL J. ZAREK</b>			Vice President Name <b>ROBERT BRODERICK</b>		
Street Address <b>363 LINDSEY STREET</b>			Street Address <b>9 FAIRHAVEN ROAD</b>		
City <b>AMHERST</b>	State <b>MA</b>	Zip <b>02703</b>	City <b>CUMMERTON</b>	State <b>R.I.</b>	Zip <b>02864</b>
Secretary Name <b>MARJANN A. ZAREK</b>			Treasurer Name <b>Theodore Czyszewicz</b>		
Street Address <b>363 LINDSEY STREET</b>			Street Address <b>20 WEBSTER STREET</b>		
City <b>AMHERST</b>	State <b>MA</b>	Zip <b>02703</b>	City <b>PAATUCKET</b>	State <b>R.I.</b>	Zip <b>02861</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name <b>JANICE DZIALO</b>			Director Name <b>KENNETH FREDERICK</b>		
Street Address <b>95 LENIHAN LANE</b>			Street Address <b>29 CHERRY STREET</b>		
City <b>EAST GREENWICH</b>	State <b>R.I.</b>	Zip <b>02818</b>	City <b>SEKONK</b>	State <b>MA</b>	Zip <b>02771</b>
Director Name <b>APOLYN CZYZEWICZ</b>			Director Name <b>THOMAS ZAREK</b>		
Street Address <b>55 CLAYTON STREET</b>			Street Address <b>461 GILBERT STREET</b>		
City <b>So. AMHERST</b>	State <b>MA</b>	Zip <b>02703</b>	City <b>MANFIELD</b>	State <b>MA</b>	Zip <b>02848</b>
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name <b>MICHAEL ZAREK</b>			Address		
Address <b>320 HIGH STREET</b>			City <b>CENTRAL FALLS</b>	Zip <b>02863</b>	

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



28970

**FILED**

File Date \_\_\_\_\_

**SEP 20 2007**

Check No. \_\_\_\_\_

By: **BY 2097E 2094**

FOR SECRETARY OF STATE USE ONLY

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.

**Marjann A. Zarek** 9/1/07  
Signature of Officer Date

**MARJANN A. ZAREK**  
Print or Type Name of Officer

**Recording Secretary**  
Title of Officer