



**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>59224</b>		2. Name of Corporation <b>NEW ENGLAND CONFERENCE OF DIOCESAN DIRECTORS OF RELIGIOUS EDUCATION, INCORPORATED</b>			
3. State of Incorporation <b>RHODE ISLAND</b>		4. Corporate address in Rhode Island - Street Address <b>Office of Religious Ed. 1 Cathedral Sq</b>		City <b>Providence</b>	Zip <b>02903</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>TO SPONSOR RELIGIOUS ACTIVITIES AND PROJECTS</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Most Rev. Richard Malone</b>			Vice President Name <b>Most Rev. William Lori</b>		
Street Address <b>P.O. Box 11559</b>			Street Address <b>239 Jewett Ave</b>		
City <b>Portland</b>	State <b>ME</b>	Zip <b>04104</b>	City <b>Bridgport</b>	State <b>CT.</b>	Zip <b>06606</b>
Secretary Name <b>Sr. Paula Robillard S.S.J.</b>			Treasurer Name <b>Janet Walsh</b>		
Street Address <b>65 Elliot St P.O. Box 1730</b>			Street Address <b>1595 NORWICH-NEW L</b>		
City <b>Springfield</b>	State <b>MA</b>	Zip <b>01102</b>	City	State	Zip
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>BARBARA Smith</b>			Director Name <b>Sr. Clare Bertera</b>		
Street Address <b>P.O. BOX 11559</b>			Street Address <b>1 LAKE ST</b>		
City <b>Portland</b>	State <b>ME.</b>	Zip <b>04104</b>	City <b>Brighton</b>	State <b>MA.</b>	Zip <b>02135</b>
Director Name <b>BARBARA Rammian</b>			Director Name <b>Bruce Bonney</b>		
Street Address <b>49 Elm St</b>			Street Address <b>423 Highland Ave</b>		
City <b>Worcester</b>	State <b>MA.</b>	Zip <b>01607</b>	City <b>Fall River</b>	State <b>MA.</b>	Zip <b>02720</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>JOSEPH P. SINWELL</b>			Address		
Address <b>1 CATHEDRAL SQUARE</b>			City <b>PROVIDENCE</b>	Zip <b>02903</b>	

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



59224

<b>FILED</b>	
File Date:	<b>DEC 21 2007</b>
Check No.:	<b>By 283</b>
By:	
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.

*Janet M. Walsh*  
Signature of Officer Date  
**Janet M. Walsh**  
Print or Type Name of Officer  
*Treasurer*  
Title of Officer