

State of Rhode Island and Providence Plantations

Office of the Secretary of State

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008 401.222.3

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

o a penalty fee of \$25.00.					-
. Corporate ID No. 30865	2. Name of Corporation Saint The	omas the Apo	stle Church Cor	poration of v	
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address			City	Zψ
Rhode Island		com Avenue		Warren	02885
5. Foreign corporation. Enter prin			City	State	Zip
Religious, ch	uren				
7. NAMES AND ADDRESSES	OF THE OFFICER	S: ("X" BOX FOR ATTA	CHMENT) [FILL IN SPACE	S BEFORE USING ATTA	ACHMENTS
President Name Reverend Thomas J. Tobin			Vice President Mager. Paul D. Theroux		
Street Address 1 Cathedral Square			Street Address Square Square		
City Providence	State RI	^{Zφ} 02903	Providence	State RI	^{Zip} 02903
Rev. John E. Abreu			Treasurer Name Rev. John E. Abreu		
Street Address			Street Address 500 Metacom Avenue		
500 Metacom A	venue				7th = +00 ×
Warren	State RI	^{Zip} 02885	^{Cip} Warren	State RI	^{ztp} 02885
8. NAMES AND AUDRESSE	S OF THE DIRECT	ors: ("x" box eor at	TACHMENT) ☐ FILL IN SPAC	es before using att	ACHMENTS
THE NUMBER OF DIRECT	ORS OF A DOMES	TÍC (RHODE ÍSLAND) CORPORATION SHALL N	OT BE LESS THAN IH	<u>REE</u> (3). R.I.G.L. 7-6-2
Director Name Alfred Aparic			Manuel Rodri	gues	
Street Address			Street Address		
169 Fatima Dr	rive		112 Anthony	Street	
City Bristol.	State RI	^{Zip} 02809	^{City} Se ekonk	State MA	^{Zip} 02771
Director Name Maria Silveira			Director Name		
Street Address 84 Sowams Road			Street Address		
Gity Rammington	State RI	^{Zip} 02806	City	State	Zip
9. REGISTERED AGENT IN	RHODE ISLAND -	DO NOT ALTER - Ch	anges require filing of For	m 641 - R.I.G.L. 7-6-1	3 / 7-6-78
Agent Name Rev. John E.			Address		
Address 500 Metacom Avenue			Warren Zip 02885		02885

File Date	FILED	
Check No.	JUN 1 8 2008	_
By:	sy_18482	
-31	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.

Rev. John E. Abreu

Print or Type Name of Officer

Pastor / Secretary