

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

2009

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.

7					
1. Corporate ID No. 112938	2. Name of Corporation Preserve Historic Saint Mary's, Inc.				
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address			City	Zip
RHODE ISLAND	12 William	Street		Newport	02840
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the characte	er of the affairs which are acti	ually conducted in Rhode Isla	<u></u> ind		<u> </u>
PRESERVATION, RE	CONSTRUCTION.	RESTORATION AN	D REPAIR OF SAIN	T MARY'S CHURCH	AT NEWDORT
RHODE ISLAND 7. NAMES AND ADDRESS					_
President Name			Vice President Name		
Rev. George B. McCarthy			"none"		
Street Address			Street Address		
12 William Stree	<u>:t</u>			<u>.</u>	
City	State	Zip	City	State	Zip
Newport	Rhode Island	02840			
Secretary Name			Treasurer Name		
Raymond Caine			David P. Leys		
Street Address			Street Address		
41 Catherine Street			599 Wolcott Avenue		
City'	State	Zip	City	State	Zip
Newport 8. NAMES AND ADDRESS	Rhode Island es of the director	02840 s: 	│ Middletown <i>HMENT)</i>	Rhode Island ES BEFORE USING ATTA	02842 CHMENTS
THE NUMBER OF DIRECT	TORS OF A DOMESTIC	(RHODE ISLAND) C	ORPORATION SHALL N	OT BE LESS THAN THRI	EE (3). R.I.G.L. 7-6-23
Rev. George B. McCarthy			Director Name Raymond Caine		
Street Address 12 William Street			Street Address 41 Catherine Street		
City	State	Zip	City	State	Zip
Newport	Rhode Island	l •	Newport	Rhode Island	1 -
Director Name David P. Leys			Director Name "none"		
Street Address			Street Address		
599 Wolcott Ave	nue				
City	State	Zip	City	State	Zip
Middletown	Rhode Island	02842	l		}
9. REGISTERED AGENT IN				•	`
This information is currently	of record in the Office	of the Secretary of State	c. Changes require filing of	Form 641 - R.I.G.L. 7-6-13	3/7-6-78

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

File Date 5-14-09					
Check No					
By: MMC					
FOR SECRETARY OF STATE USE ONLY					

Under penalty of perjury, I declare and affirm that report, including any accompanying schedules and statements contained letein are true and confect.	
Signature of Officer	Darg
Rev. George B. McCarthy	5/13/09
Print or Type Name of Officer	
President	
Title of Officer	