



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 02901-2615  
(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.

|                                                                                                                                              |                    |                                                                                  |                                                 |                           |                     |
|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------------------------------------------------------------|-------------------------------------------------|---------------------------|---------------------|
| 1. Corporate ID No.<br><b>30107</b>                                                                                                          |                    | 2. Name of Corporation<br><b>Saint Joan's Church, Cumberland, Rhode Island</b>   |                                                 |                           |                     |
| 3. State of Incorporation<br><b>Rhode Island</b>                                                                                             |                    | 4. Corporate address in Rhode Island - Street Address<br><b>3357 Mendon Road</b> |                                                 | City<br><b>Cumberland</b> | Zip<br><b>02864</b> |
| 5. Foreign corporation. Enter principal office address                                                                                       |                    | City                                                                             |                                                 | State                     | Zip                 |
| 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island<br><br>                                    |                    |                                                                                  |                                                 |                           |                     |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS            |                    |                                                                                  |                                                 |                           |                     |
| President Name<br><b>Thomas J. Tobin</b>                                                                                                     |                    |                                                                                  | Vice President Name<br><b>Paul D. Theroux</b>   |                           |                     |
| Street Address<br><b>One Cathedral Square</b>                                                                                                |                    |                                                                                  | Street Address<br><b>One Cathedral Square</b>   |                           |                     |
| City<br><b>Providence</b>                                                                                                                    | State<br><b>RI</b> | Zip<br><b>02903</b>                                                              | City<br><b>Providence</b>                       | State<br><b>RI</b>        | Zip<br><b>02903</b> |
| Secretary Name<br><b>Norman W. Bourdon</b>                                                                                                   |                    |                                                                                  | Treasurer Name<br><b>Norman W. Bourdon</b>      |                           |                     |
| Street Address<br><b>3357 Mendon Road</b>                                                                                                    |                    |                                                                                  | Street Address<br><b>3357 Mendon Road</b>       |                           |                     |
| City<br><b>Cumberland</b>                                                                                                                    | State<br><b>RI</b> | Zip<br><b>02864</b>                                                              | City<br><b>Cumberland</b>                       | State<br><b>RI</b>        | Zip<br><b>02864</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<br><b>Norman W. Bourdon</b>                                                                                                    |                    |                                                                                  | Director Name<br><b>Leo C. Beauregard</b>       |                           |                     |
| Street Address<br><b>3357 Mendon Road</b>                                                                                                    |                    |                                                                                  | Street Address<br><b>2970 Mendon Road # 119</b> |                           |                     |
| City<br><b>Cumberland</b>                                                                                                                    | State<br><b>RI</b> | Zip<br><b>02864</b>                                                              | City<br><b>Cumberland</b>                       | State<br><b>RI</b>        | Zip<br><b>02864</b> |
| Director Name<br><b>Americo DonFrancesco</b>                                                                                                 |                    |                                                                                  | Director Name                                   |                           |                     |
| Street Address<br><b>2970 Mendon Road #120</b>                                                                                               |                    |                                                                                  | Street Address                                  |                           |                     |
| City<br><b>Cumberland</b>                                                                                                                    | State<br><b>RI</b> | Zip<br><b>02864</b>                                                              | City                                            | State                     | Zip                 |
| 9. REGISTERED AGENT IN RHODE ISLAND<br><b>Rev. Norman W. Bourdon</b>                                                                         |                    |                                                                                  |                                                 |                           |                     |
| This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78 |                    |                                                                                  |                                                 |                           |                     |

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

|                                 |                    |
|---------------------------------|--------------------|
| <b>FILED</b>                    |                    |
| File Date                       | <b>MAY 19 2009</b> |
| Check No.                       | <b>By 4960</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.

*Norman W. Bourdon* 5-18-09  
Signature of Officer Date

**Norman W. Bourdon**

Print or Type Name of Officer

**Secretary and Treasurer**

Title of Officer