

A. Ralph Mollis, Secretary of State Corporations Division 148 W. Ruer Street

Providence, RI 02904-2615 101.222.3040

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 22 3					
1. Gorporate ID No. 30107	2. Name of Corporation Saint Joan's Church, Cumberland, Rhode Island				
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address			CHy	71/2
Rhode Island	1	Mendon Road		Cumberland	02864
5. Foreign corporation. Enter prin	icipal office address		ĊĬįγ	State	Zip
o. Brief Description of the character	of the affairs which	are actually conducted in Rhode	· Island	,	**************************************
7. NAMES AND ADDRESSE	S OF THE OFFI	CERS: ("X" BOX FOR ATTA	CHMENT) TILL IN SPACES	BEFORE USING ATTACE	IMENTS
Thomas J. Tobin			Vice President Name Paul D. Theroux		
One Cathedral Square			Street Address One Cathedral Square		
City	State	Zip	City	State	Zip
Providence	RI	02903	Providence	RI	02903
Secretary Name Norman II Do			Treasurer Name	_	
Norman W. Bourdon			Norman W. Bourdon		
Street Address			Street Address		
3357 Mendon F	State	Zip	3357 Mendon	Road State	Zip
Cumberland	RI	02864	Cumberland	RI	02864
8. NAMES AND ADDRESSE	' S OF THE DIRE	CTORS: ("X" BOX FOR AT	TACHMENT) TILL IN SPACE	S BEFORE USING ATTAC	1
) CORPORATION SHALL NO		
Director Name			Director Name		
Norman W. Bourdon			Leo C. Beauregard		
3357 Mendon Road			Street Address 2970 Mendon Röad # 119		
Cumberland	State RI	02864	Cumberland	State RI	717· 02864
Americo DonFr	ancesco		Director Name		
Street Address 2970 Mendon Road #120			Mreat Address		
City	State	Zip	City:	Natic	Zifr
Cumberland 9. REGISTERED AGENT IN Rev. Norman W This information is currently	7. Bourdo	n	State. Changes require filing of F	form 641 - R.I.G.L. 7-6-13/7	7-6-78
This report mus	t be signed by e	ither the President, Vice P	resident, Secretary, Assistant 5	Secretary, Treasurer, Recei	ver or Trustee

	FILED
File Date	MAY 1 9 2009
Check No.	By < 1960
<i>By:</i>	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 Orrect 1

118-09

Signature of Officer

Norman W. Bourdon

Print or Type Name of Officer

Secretary and Treasurer