

A. Ralph Mollis, Secretary of State Corporations Division 2009 Providence, RI 02904-2615

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. Corpurate 13 No. 200 2. Name of Corporation CHURCH OF THE SACRED HEART				
3. State of Incorporation 4. Corporate address in Rhode Island - Street Address RHODE ISLAND 118 TAVHTON AVE	•	City PROVIDENCE	21p 02914	
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 RELIGIOUS				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name HOST REV THOMAS TOBIN	REV. HSGR. P	AUL THEROL	)X	
ONE CATHEDRAL SQUARE	Street Address OHE CATHE	T		
PROVIDENCE, State RC 2102903	PROVIDENCE	RI	®290 3	
REV. PETER DI TULLIO, S.C.	REV PETER	DI TULLIO	5.6	
Street Address & TAUNTON AVENUE	Street Address TAUN	TOH AVEN	IVE	
EAST ROUDENCE SLAVE R [ 02914	EAST PROVIDENCE	State C F	02914	
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23				
THOMAS CLUPHY	Director Name JOSEPH SU	LLIVAH		
Street Address BOURNE AVENUE	Street Address 700 VETERA	HS MEHORIAL	PKWY	
RUMFORD StateRT 202916	EBT PROVIDENCE	State	02914	
KEV. PETER DI TULLIO, S.C.	Director Name			
Street Address 118 TAUNTON AVENUE	Street Address		_	
EAST ROUDENCE STATE R. I 21002914	City	State	Zip	
9. REGISTERED AGENT IN RHODE ISLAND  FR. PETER DI TULLIOIS.C.				
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				

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
File Date	Statements contained herein are true and correct.
Check No. 4508	Signature of Officer  DITULLIO S.C.
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer PASTOR /SECRETARY
FOR SECRETARY OF STATE USE ONLY	Title of Officer Form 631 Rev. 09/17