

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 -101.222 3040

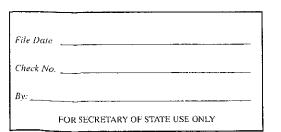
NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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.	2 Name of Corp		NO OF OW DATES OF DOOR	IDENOE DUODE IO AND		
000061323			NS OF ST. PATRICK, PROV			
3 State of Incorporation	i '	dress in Rhode Island - Street	Address	City	Zip	
Rhode Island	PO Box 51			Providence	02901	
5. Foreign corporation. Enter	r principal office addre	SS	Chy'	State	Zip	
6. Brief Description of the chara			Rhode Island			
Charitable, religiolus, ed		, .				
7. NAMES AND ADDRE	SSES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT) 🔲 FILL IN SPA	CES BEFORE USING ATTA	ACHMENTS	
President Name			Vice President Name			
James J. Cooney, Jr.			Herbie I. Holland			
Sirect Address PO Box 512			Street Address PO Box 512			
City	State	Zip	City	State	Ζiμ	
Providence	RI	02901	Providence	RI	02901	
Secretary Name Scott J. Partington		Treasurer Name Ned McCrory				
Street Address PO Box 512		Street Address PO Box 512				
City	State	Zip	City	State	Zip	
Providence, RI 0290	1 RI	02901	Providence	RI	02901	
8. NAMES AND ADDRE	SSES OF THE DIE	RECTORS: ("X" BOX FOR	R ATTACHMENT) [FILL IN SPA	ACES BEFORE USING ATT	ACHMENTS	
			AND) CORPORATION SHALL			
Thrector Name			Director Name			
Ned McCrory			James R. Simmons			
Street Address			Street Address			
PO Box 512			PO Box 512			
City	State	Zip	City	State	Zip	
Providence	RI	02901	Providence	RI	02901	
Director Name	1	1-200.	Director Name			
James J. Cooney, Jr.						
Street Address		Street Address				
PO Box 512						
City	State	Záp	City	State	Zip	
Providence 9. REGISTERED AGENT	R e in rhode isla	02901	1	1		
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			of State. Changes require filing			
This report	must be signed by		ce President, Secretary, Assist	ant Secretary, Treasurer, Re		

JUN 0 4 2009



1/2/2/2	Under penalty of perjury, I declare and affirm that report, including any accompanying schedules and	t I have examined this
<i>ナカメ</i> シラ	report, including any accompanying schedules and	statements, and that all
,	statements contained berein are true and correct.	_

statements contained her	7 // /	6/3	6
Agnature of Officer	'	Date	7

Agnature of Officer	0
Ned McCrory	

Ned McCrory	
Print or Type Name of Officer	

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ı	re.	25	SHIP	·ρr	•			

Title of Officer