

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.						
1. Corporate ID No.	2. Name of Corp	2. Name of Corporation				
28485	St. Agnes (St. Agnes Church				
3. State of Incorporation	4. Corporate ad	dress in Rhode Island - Street 2	Address	City	Zip	
Rhode Island	351 Branch	า Ave.		Providence	02904	
5. Foreign corporation. Enter principal office address			City	State	Zip	
6. Brief Description of the chara 7. NAMES AND ADDRES	5 35	·	bode Island TTACHMENT) FILL IN SPACE	S BEFORE USING ATTA	CHMENTS	
President Name		`	Vice President Name			
Most Rev. Thomas J. Tobin			Rev. Msgr. Paul D. Theroux			
Street Address			Street Address			
One Cathedral Square			One Cathedral Square			
City	State	Zip	City	State	Zip	
Providence	RI	02903	Providence	RI	02903	
Secretary Name			Treasurer Name			
Nicholas St. Angelo			Rev. Normand J. Godin			
Street Address 39 Irving St.			Street Address 351 Branch Ave.			
City	State	Zip	City	State	Zip	
North Providence	RI	02904	Providence	RI	02904	
8. NAMES AND ADDRES	SES OF THE DIE	RECTORS: ("X" BOX FOR	ATTACHMENT) TILL IN SPACE	S BEFORE USING ATT	ACHMENTS	
THE NUMBER OF DIRE	CTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION <u>SHALL N</u> C	OT BE LESS THAN THE	EE (3). R.I.G.L. 7-6-23	
Director Name			Director Name			
John Mancini			Nicholas St. Angelo			
Street Address			Street Address			
17 Holiday Drive			39 Irving St.			
City	State	Zip	City	State	Zip	
Lincoln	RI	02865	North Providence	RI	02904	
Director Name			Director Name			
Marie Pino			Ronald Truppa			
Street Address 207 Twin River Rd.			Street Address 37 Bridle Drive			
City	State	Zip	City	State	Zip	
Lincoln	RI	02865	Lincoln	RI	02865	
9. REGISTERED AGENT	IN RHODE ISLA	ND			-	
This information is curren	tly of record in th	e Office of the Secretary	of State. Changes require filing of I	Form 641 - R.I.G.L. 7-6-1	3/7-6-78	
This report n	nust be signed by	either the President, Vic	e President, Secretary, Assistant	Secretary, Treasurer, Re	ceiver or Trustee	

File Date	FILED
Check No.	JUN 0.5 2009
Ву:	By 1/2400
FO	R SECRETARY OF STATE USE ONLY

28485

Under penalty of perjury, I declare and affirm tha report, including any accompanying schedules and	
statements contained herein are true and correct.	6-3-0
Signature of Officer	Date
Rev. Normand J. Godin	
Print or Type Name of Officer	
Treasurer	
Title of Officer	Form 631 Rev. 09/17