

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

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.				-	<u> </u>
1. Corporate ID No.	2. Name of Corporation				
98491	MORNING STAR CHRISTIAN CENTER, INC 4. Corporate address in Rhode Island - Street Address City Ziji				
3. State of Incorporation				PROVIDENCE	Zip
RI	TIIZ MAND	HAM AVE		PROLIDENCE	03408
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					
TO ORGANIZE	CATHOLIC	CONFERENC	es + dispers	E CATHOLIC	LITERATURE
7. NAMES AND ADDRESSES	OF THE OFFICERS	("X" BOX FOR ATTACH	MENT) 🔲 FILL IN SPACES B	EFORE USING ATTACH	MENTS
President Name KATHLEEN LILLA			Vice President Name		
Street Address 175 WYNDHAM AUE City State Zip PROVIDENCE RT 01908			Street Address		
PROVIDENCE	State R T	01908	City	State	Zip
Secretary Name MARY ELLEN MCQUEENEY-LALLY			Treasurer Name KATHLEEN LILLA		
Street Address RIVER VIEW DR City N. PROVIDENCE RI 07904			Street Address SAME		
N. PROVIDENCE	State RI	Zip 0+904	City	State	Zip
8. NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR ATTAC	' HMENT) FILL IN SPACES B	I BEFORE USING ATTACE	IMENTS
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			Director Name		
KATHLEEN LILLA			FR. JAMES RUGGIERI Street Address		
Street Address					
Spm E			152 HOLDEN ST City State Zip		
City	State	Zip	PROVIDENCE	State RJ	^{Zip} Ο 3 9 0 8
Director Name MARY ELLEN MCQUEENEY-LALLY			Director Name		
Street Address SAME			Street Address		
City	State	Zip	City:	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND					
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 t	ne President, Vice Presi	ident. Secretary, Assistant Sec	retary, Treasurer, Receiv	er or Trustee

File Date Check No. 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.

KATHLEEN

Print or Type Name of Officer

PRESIDENT Title of Officer