



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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. 98491 | | 2. Name of Corporation MORNING STAR CHRISTIAN CENTER, INC | | | |
| 3. State of Incorporation RI | | 4. Corporate address in Rhode Island - Street Address 175 WYNDHAM AVE | | City PROVIDENCE | Zip 02908 |
| 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 CONFERENCES + DISPERSE CATHOLIC LITERATURE | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name KATHLEEN LILLA | | | Vice President Name | | |
| Street Address 175 WYNDHAM AVE | | | Street Address | | |
| City PROVIDENCE | State RI | Zip 02908 | City | State | Zip |
| Secretary Name MARY ELLEN McQUEENEY-LALLY | | | Treasurer Name KATHLEEN LILLA | | |
| Street Address 11 RIVERVIEW DR | | | Street Address SAME | | |
| City N. PROVIDENCE | State RI | Zip 02904 | City | State | Zip |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| 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 KATHLEEN LILLA | | | Director Name FR. JAMES RUGGIERI | | |
| Street Address SAME | | | Street Address 152 HOLDEN ST | | |
| City | State | Zip | City PROVIDENCE | State RI | Zip 02908 |
| 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 the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

JUN 12 2009

BY [Signature]

29-91972

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 Lilla 6/8/09
Signature of Officer Date

KATHLEEN LILLA
Print or Type Name of Officer

PRESIDENT
Title of Officer

File Date _____
Check No. _____
By: _____
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