

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

20 Begidence. RI 02904-2615

this

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. Corporate ID No.		2. Name of Corporation					
29202		Church of St. Mary of the Bay					
3. State of Incorporation	4. Corporate ac	ldress in Rhode Island - Street	Address	City	Zip		
Rhode Island	645 Main S	Street		Warren	02885		
5. Foreign corporation. Enter principal office address			City	State	Zip		
<u> </u>	<u></u>						
6. Brief Description of the ch	aracter of the affairs whi	ch are actually conducted in R	Phode Island				
Roman Catholic Chur	rch						
7. NAMES AND ADDR	ESSES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT)	CES BEFORE USING AT	TACHMENTS		
President Name				Vice President Name			
The Most Rev. Thomas Tobin			Msgr. Paul Theroux				
Street Address			Street Address				
One Cathedral Sq			One Cathedral Sq				
СИу	State	Zip	City	State	Zip		
Providence	RI	02903	Providence	RI	02903		
Secretary Name			Treasurer Name				
Dr. Laurent Gousie			Rev. Peter J. Gower				
Street Address		**	Street Address				
3 Dolly Drive			645 Main Street				
City	State	Ζip	City	State	Zip		
Bristol	RI	02809	Warren	RI	02885		
			ATTACHMENT) TILL IN SPA				
	RECTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION SHALL	NOT BE LESS THAN TH	HREE (3). R.I.G.L. 7-6-23		
Director Name			Director Name				
Dr. Laurent Gousie	(same as above))	John Pryor				
Street Address			Street Address				
3 Dolly Drive			30 Duffield Road				
City	State	Zip	City	State	Zip		
Bristol	RI	02809	Bristol	RI	02809		
Director Name Rev. Peter J. Gower	•		Director Name				
Street Address 645 Main Street			Street Address				
City	State	Zip	City	State	Z.ip		
Warren	RI	02885			'		
9. REGISTERED AGEN	T IN RHODE ISLA			•	1		
This information is curre	ently of record in the	e Office of the Secretary of	of State. Changes require filing	of Form 641 - R.I.G.L. 7-6	5-13/7-6-78		
							
inis report	must be signed by	either the rresident, vic	e President, Secretary, Assista	ını secretary, Treasurer, F	receiver or Trustee		

	Under penalty of perjury, I declare and affirm that I have examined report, including my accompanding schedules and statements, and that	
File Date 6-30-09	statements contained herein are tiple and correct.	
Check No. 49768	Signature of Officer Date Rev. Peter J. Gower 6/29/09	 }
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer Treasurer/Pastor	
. ON OBJECT. IN OF STATE OF STATE	Title of Officer Form 631 Rev. 09	 €/17