

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

Providence, RI 02904-2615

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

401.222.3040

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

penaity jee of \$25.00.					
1. Corporate ID No.	2. Name of Corporation		£ 7 o+ D	marridanaa D	hodo Taland
28987	Church of the Holy Name of Jesus at Providence, Rhode Island				
3. State of Incorporation		hode Island - Street Address		Providence	<sup>Zip</sup> 02906
Rhode Island	99 Camp St	reet			
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character	of the affairs which are act	ually conducted in Physic Isla	and		
religious, cha		•			
refryious, che	alicable & (	eddcacionai	activities.		
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTACH	MENT) [ FILL IN SPACES BI	EFORE USING ATTACH	IMENTS
President Name			Vice President Name		
Thomas J. Tob:	<u>in (Bishop d</u>	<u>of Providenc</u>	e) Paul D. Th	eroux (Vicar	General)
Street Address			Street Address 1 Cathedral Square		
<u>l Cathedral So</u>	<del>†                                      </del>	Lav			T
	State	Zip	City	State	<sup>Ζφ</sup> 02903
Providence Secretary Name	RI	02903	Providence Treasurer Name	RI	02903
John Da Luz			Joseph D. Santos Jr. (Administrat		
Street Address			Street Address		
98 Jacksonia I	Orive		99 Camp Street		
City	State	Ζip	City	State	Zip
North Provide	nce RI	02911	Providence	RI	02906
8. NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR ATTAC	HMENT) TILL IN SPACES B	EFORE USING ATTACI	HMENTS
THE NUMBER OF DIRECTO	ORS OF A DOMESTIC	C (RHODE ISLAND) C	ORPORATION <u>SHALL NOT E</u>	BE LESS THAN THREE	(3). R.I.G.L. 7-6-23
Director Name			Director Name		
Joseph D. Sant	tos Jr. (Ad	<u>ministrator)</u>	John Da Luz		
Street Address			Street Address		
<u>99 Camp Stree</u>		T	98 Jacksonia		T =:
	State	Zip	City	nce RI	<sup>Zip</sup> 02911
Providence Director Name	RI	02906	North Provide	#ce KI	1 02911
Candida Tavare	P <b>G</b>		Director Name		
Street Address			Street Address		
40 Jenkins St	reet				
City	State	Zip	City	State	Zip
Providence 9. REGISTERED AGENT IN	RI RHODE ISLAND	02906			
		Rev. Joseph of the Secretary of State	D. Santos Jr. Changes require filing of Form	n 641 - R.I.G.L. 7-6-13/7	-6-78
This report must	be signed by either t	he President, Vice Presi	ident, Secretary, Assistant Sec	retary, Treasurer, Recei	ver or Trustee

	Under penalty of perjury 1 declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
File Date 7-1-09	etatements contained herein are true and correct 6/26/20
Check No. 16272	Signature of Officer Date  Joseph D. Santos Jr.
By:	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Treasurer  Title of Officer

6/26/2009 Date