

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 | ^{Zip} 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> | † | Lav | | | T |
| | State | Zip | City | State | ^{Ζφ} 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 | ^{Zip} 02911 |
| Providence Director Name | RI | 02906 | North Provide | #ce KI | 1 02911 |
| Candida Tavare | P G | | 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