

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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 penalty fee of \$25.00.

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29176 Church of St. Juseph	GENEVA. Khu	de Island		
3. State of Incorporation 4. Corporate address in Rhode Island - Street Address		City PROV	02902	
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 Isla	and	<u></u>	<u></u>	
Riman Catholic Church				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACH	. – ,	EFORE USING ATTACH	IMENTS	
President Name MOST REV Thomas J. John	Vicopresident Name 1848. 10	ul D. The	ROUX	
1 Cathedral Juunge	Street Address Cothe	tral Square	·	
PRIV RI 22904	City PROV	State R1	02904	
Secretary Name RWH DE NINNO	Transurer Name (AUDRA)	C. Candente	?	
Street Address 39 Alexander St.	Street Address 5 1.665	St		
8. NAMES AND ADDRESSES OF THE DIRECTORS: CX" BOX FOR ATTAC	CHAPAT) PHILLIN SDACUS B	State R/	zip 02904	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3), R.L.G. 1, 7-6-23				
Director Name 1	I	<u>BE LESS THAN THREE</u>	(3). R.I.G.L. 7-6-23	
Kuth DE Ninno	Director Name Edwhod	Sweet		
Street Address 39 ALEYANDER St	Street Address 171 CU	mberland	It	
City NPROV State R1 Z4 02904	City PRIV	State R/	02908	
Director Name REU. MSGR. POW THEROUG	Director Name		1	
Street Address 1 COMECHO JANORE	Street Address			
City PLON State LI 24 02903	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	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying safedules and statements, and that all statements contained herein are true and correct
Check No. SEP 1 6 2000	Signature of Officer Date NEW. Edward J. Condente
FOR SECRETARY OF STATE USE ONLY	Print Type Name of Officer ASTIK Title by Officer
•	Form 631 Rev. 09/17