

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., penalty fee of \$25.00.	I 7-6-94, each corpo	ration failing or refusing to f	ile its annual report within the time	e prescribed by law (R.I.G.L.	7-6-91) is subject to a	
1. Corporate ID No. 30860	2. Name of Corporation					
30000	Corporation of The Church of The Holy Ghost					
3. State of Incorporation	4. Corporate add.	ress in Rhode Island - Street Ad	ldress	City	Zip	
Rhode Island	472 Atw	ells Ave,		Providence	02909	
5. Foreign corporation. Enter principal office address			City	State	Zip	
			1			
6 Brief Description of the chara			de Island Arish and to Provide	e Spiritual Guid	ance and	
Education to i			aribii ana co rrovia	c bpilitual cara	ance and	
	- 		TACHMENT) FILL IN SPACE	ES BEFORE USING ATTA	CHMENTS	
President Name			Vice President Name			
Bishop Thomas J	J. Tobin		Rev. Msgr. Paul D. Theroux			
Street Address			Street Address			
One Cathedral Square			One Cathedral Square			
City	State	Zip	City	State	Zip	
Providence	RI	02903	Providence	R1	02903	
Secretary Name			Treasurer Name			
Edward Coletti			Rev, Camillo Lando, C.S.			
300 Smithfield Rd Bldg. 2-25		Street Address 472 Atwells Ave.				
City	State	Zip	City	State	Zip	
No. Providence 8. NAMES AND ADDRES	RI SSES OF THE DIRI	02904 ectors: ("x" box for A	Providence (<i>TTACHMENT</i>)∏ FILL IN SPACE	RI ES BEFORE USING ATTA	02909 CHMENTS	
			D) CORPORATION SHALL N			
Director Name Olonzo Vescera Street Address 82 Academy Ave.			Director Name			
			William Luquis Street Address			
						88 Eliza St.
			City	State	Zip	City
Providence	RI	02908	Providence	RI	02909	
Director Name			Director Name	•		
Joseph Longo			Eugenio G. Milano			
Street Address			Street Address			
300 Mt. Pleasant Ave.			84 Vinton St.			
City	State	Zip	City	State	Zip	
Providence	RI	02908	Providence	RI	02909	
9. REGISTERED AGENT	IN RHODE ISLAN	D		·	•	
This information is curren	tly of record in the	Office of the Secretary of	State. Changes require filing of	Form 641 - R.I.G.L. 7-6-13	3/7-6-78	
This report n	nust be signed by a	either the President. Vice	President, Secretary, Assistant	Secretary, Treasurer, Rec	eiver or Trustee	
in report in						
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	By 103243 11:34
File Date	
Check No.	
Ву:	
F	OR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm report, including any accompanying schedules a		
statements contained herein are true and correct		
Ren (- helds	Nov.	3 2009
Signature of Officer		/ Date
CAMILLO LANDO		
Print or Type Name of Officer		
Treasurer/Pastor		
Title of Officer		

Form 631 Rev. 09/17