

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 2010

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 II) No. 28520	2. Name of Corporation SAINT ALE	EXANDER'S CH	URCH CORPORATION	ı, warren	
3. State of incorporation RHODE ISLAND	4. Corporate address in Rhode Island - Street Address 221 MAIN STREET			WARREN	02885
5. Foreign corporation. Enter principal office address			GHY	State	Zip
6. Brief Description of the character of RELIGIOUS					MENTE
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACE President Name MOST REVEREND THOMAS TOBIN			Vice President Name REVEREND MONISGNOR PAUL THEROUX		
Street Address ONE CATHEDRAL SQUARE			ONE CATHEDRAL SQUARE		
PROVIDENCE	State RI	^{Zip} 02903	PROVIDENCE	state RI	02903
Secretary Name REV. DAVID W. MASELLO			Treasurer Name REV. DAVID W. MASELLO		
Street Address 221 MAIN STREET			221 MAIN STREET		
City WARREN	State RI	^{2tp} 02885	City WARREN	State RI	^{Zip} 0 288 5
			CHMENT) TILL IN SPACES E		
Director Name LOUIS ANNUNZIATA			Director Name NANCY URBAN		
Street Address 87 SEYMOUR STREET			Street Address 14 KATHLEEN DRIVE		
WARREN	State RI	^{Zip} 02885	City WARREN	State RI	²⁶ 02885
Director Name ANNA GEMPP			Director Name JAMES WOJTYTO		
Street Address 55 SEYMOUR STREET			Street Address 112 COUNTY ROAD		
City WARREN 9. REGISTERED AGENT IN		02885	BARRINGTON	State RI	^{Ziji} 02806
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

File Date FILED
Check No. MAY 1 4 2010
By 1240
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer MAY 13, 20

REV. DAVID W. MASELLO

Print or Type Name of Officer

SECRETARY/TREASURER

Title of Officer