

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

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 ID No.	2. Name of Corporation		0	,	
<i>30886</i>	St. Vince	nt's Church Co	onponation, Bradfo	nd	
3. State of Incorporation	4. Corporate address in	Rbode Island - Street Addr	ess	<sup>Cuy</sup> Bradford	<sup>Zip</sup> 02808
Rhode Island 7 Church Street, PO Box			( 2//	Dhaaxona	02000
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character	of the affairs which are a	ctually conducted in Rhode	Island		
Religious, Spin					
7. NAMES AND ADDRESSE			CHMENT) 🔲 FILL IN SPACI	ES BEFORE USING ATTAC	CHMENTS
President Name			Vice President Name Robert C. Evans (Auxiliany Bishop of Provider		
Thomas J. Tobin (Bishop of Providence)					
Street Address One Cathedral Square			One Cathedral Square		
Providence	State RI	<sup>Zip</sup> 02903	Providence	State RI	<sup>Zip</sup> 02903
Secretary Name Mn. Henman Clany, In.			Treasurer Name Rev. James V. Farley		
Straat Address			Street Address PO Box 277, 7 Chunch Street		
37 N. Capalbo D  City Bradford	State RI	<sup>Zip</sup> 02808	City Bradford	State RI	<sup>zip</sup> 02808
·	i	)RS: ("X" BOX FOR AT	TACHMENT) TILL IN SPAC	ES BEFORE USING ATTA	CHMENTS
THE NUMBER OF DIRECT	ORS OF A DOMEST	TIC (RHODE ISLAND	) CORPORATION SHALL N	OT BE LESS THAN THRI	EE (3). R.I.G.L. 7-6-23
Director Name			Director Name		
Mr. Henman Clany, In. Street Address			Ma. Lois Antoch		
37 N Canalha Anive			Street Address PO Box 1365		
Bradford	State RI	<sup>Zip</sup> 02808	City Westerly	state <sub>RI</sub>	<sup>zip</sup> 02891
Director Name Rev. James V. F			Director Name		
Street Address			Street Address		
PO Box 277, 7 C Cuy Bradford	State RI	<sup>Zip</sup> 02808	City	State	Zip
9. REGISTERED AGENT IN		1	•	1	1
This information is currently	of record in the Offi	ce of the Secretary of S	State. Changes require filing of	f Form 641 - R.I.G.L. 7-6-13	3/7-6-78
This report mus	st be signed by eithe	r the President, Vice I	President, Secretary, Assistan	t Secretary, Treasurer, Rec	eiver or Trustee

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
File Date FILED	statements contained herein are true and correct.
Check No. JUN 1 4 2010	Signature of Officer Date  Rev. James V. Fanley
By J 35 FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer
	Title of Officer Form 631 Rev. 09/17