

FOR SECRETARY OF STATE USE ONLY

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence. RI 02904-2615 401.222.3040

2010 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

1. Corporate ID No.	2. Name of Corporation			
782951	BLESSED KATERI 1	ekakwitha C	2540LIC C	ommunity
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address		City	Zip
Rhode Ishann	84 ERCIET ROOK		Exezer	07875
5. Foreign corporation. Enter prin		City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island				
Rehierous el	spitale + education	DL ZCZIVITIES		
		_		
	S OF THE OFFICERS: ("X" BOX FOR ATTACE	,	EFORE USING ATTACH	IMENTS
President Name		Vice President Name		
Street Address		MUST Reverend Robert Evans		
^	MU 50 210.	One Cathe	1 May 500	ا مدر
One Cather	State Zin	City	State	Zip
Paridona	R.I. 02903	Panudauca	RT	02903
Secretary Name	1 10 07 03	Treasurer Name	1 11-6	100101
Street Address	-	Street Address		Dhourin
One CaThe	dral Square		Idral Ssa	eare
City	State Zip	City	State	Zip
PROvidence	RI 02903	Troudence	IRI	02903
8. NAMES AND ADDRESSE	S OF THE DIRECTORS: ("X" BOX FOR ATTA	CHMENT) ☐ FILL IN SPACES B	SEFORE USING ATTAC	HMENTS
THE NUMBER OF DIRECT	ORS OF A DOMESTIC (RHODE ISLAND)	CORPORATION SHALL NOT	BE LESS THAN THREE	(3). R.I.G.L. 7-6-23
Director Name	<i></i>	Director Name	0	
MOST Have	rend Thomas lobin	MAT ROVERS	nd Dohert	8020c
Street Address	-	Street Address		
One Cath	edral Skuare	One CATHO	earal So	adre
City	State Zip	City	State	Zip
Bouldence	RC 02903	tiounence	1 152	62903
Director Name		Director Name		
Ken Was Ge	rard O. Sabourin			
Street Address	- W11 50	Street Address		#
Ohe Cath	ENTOL Square	2:	T _c .	13 "
City	State R. J. 02903	City	State	
MOUNTERED ACENT IN	RHODE ISLAND	1	I	「三 道道の上
7. REGISTERED AGENT IN	KHODE ISLAND			1 2
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-				
	t be signed by either the President, Vice Pre			
This report mus	t be signed by either the Fresident, vice Fre	sident, Secretary, Assistant Sec	retary, freasurer, Recer	ver activation
				<u> </u>
				37
	<u> </u>	Under penalty of perju	ry, I declare and affirm th	nat I have examined this
		report, including any ac	ecompanying schedules an	
		statements contained he	erein are true and correct.	0
File Date		Durch Mis son	Hwarn &	Doboever 6-
JUN 28 2	.010 I	Signature of Officer	7	Sabocein
Check No.		Rev Warn	Gerard o.	SPHOORIN
1 013	4/14	Print or Time Make of C	107	J (=11

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Title of Officer