

A. Ralph Mollis, Secretary of S Corporations Divi

148 W. River St Providence, RI 02904-2

401.222.3

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2010

Filing Period: June 1 - June 1	ne 30 • Filing Fee: 9 1-6-94, each corporation	\$20.00* • T I failing or :	THIS REPORT	F MUST I	BE TYPED OR PRIN port within the time pres	TED LEGIBLY IN cribed by law (R.I.G.	BLACK I L. 7-6-91) i	NK. is subject to a	
1. Corporate ID No.	2. Name of Corporation								
DNP-30853	Saint Stanislaus Kostka Church of Woonsocket								
3. State of Incorporation	4. Corporate address tn	Rbode Island	d - Street Address			City	Zip	Zip	
Rhode Island	ind 174 Harris Avenue					Woonsock	et	02895	
5. Foreign corporation. Enter principal office address				City		State	Zip		
6. Brief Description of the character	of the affairs which are a	ctually cond	ucted in Rhode Isl	land	· · · · · · · · · · · · · · · · · · ·	<u> </u>			
Roman Catholic Chu	ırch								
7. NAMES AND ADDRESSE	S OF THE OFFICER	S: ("X" BO.	X FOR ATTACH	IMBNT) [FILL IN SPACES B	EFORE USING ATT	ACHMENT	rs	
President Name				. –	Vice President Name				
Thomas J. Tobin, Bishop of Providence				Paul D. Theroux, Vicar General					
Street Address One Cathedral Square				Street Address One Cathedral Square					
Providence	State RI	Zip	02903	City	Providence	Sinte RI	Zip	02903	
Secretary Name Edward Wrobel				Treasurer [Name Dariusz G. Joncz	yk			
Street Address 124 Salisbury Street				Street Ada	iress 91 High Street				
Woonsocket	State RI	Zip	02895	City (Central Falls	State RI	ZIp	02863	
8. NAMES AND ADDRESSES	OF THE DIRECTO	RS: ("X" B	OX FOR ATTA	CHMBNT)[FILL IN SPACES B	EFORE USING ATI	ACHMEN	TS	
THE NUMBER OF DIRECTO	ORS OF A DOMEST	IC (RHOL	DE ISLAND) (CORPORA Director I		E LESS THAN TH	REE (3).	R.I.G.L. 7-6-2	
Edward Wrobel				Dariusz G. Jonczyk					
Street Address 124 Salisbury Street				Street Add	991 High Street				
Woonsocket	State RI	Zip	02895	City (Central Falls	State RI	Zip	02863	
Director Name Isabelle Slowick				Director N	iame				
Street Arldress 625 Park Avenue				Street Ada	lress				
City. Moonsocket	State DI	ZIp	02905	City		State	Zip		

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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

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File Da	e 0-29-2010
Check N	io. 8907
Ву:	mnc
	FOR SECRETARY OF STATE USE ONLY

9. REGISTERED AGENT IN RHODE ISLAND

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		Ī			
Edward	۷.	Wrobel			
Print or Type Name of Officer					

Secretar

Title of Officer