

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
2011 401.222.3040

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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.

3. State of Procession   1. Components address   Ribode Island   Street Address   City   O29	porate ID No.	2. Name of Corporation					
RI =RI = 901 Atwells Avenue Providence 029  5. Foreign corporation. Enter principal effice address City State Zip  6. Brief Description of the character of the affairs which are actually conducted in Rhode Island  To conduct religious worship—church  7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Mest Reverend Thomas J. Tobin Vice President Name Most Reverend Robert C. Evans  Street Address  One Cathedral Square  One Cathe		Church of Our Lady Of Lourdes					
S. Foreign corporation. Enter principal effice address NAA  6. Brief Description of the character of the affairs which are actually conducted in Rhode Island  To conduct religious worship—church  7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)	- 1	ł '		-	City	Zip	
State   Providence   RI   O2903   Providence   RI   O2904			901 Atwells Av	renue	Providence	02909	
To conduct religious worship—church  7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)	5. Foreign corporation. Enter principal office address NA			City	State	Zip	
7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS   Most Reverend Robert C. Evans      Most Reverend Robert C. Evans	f Description of the character	of the affairs which are aci	tually conducted in Rhode I	iland		<u></u>	
Street Address   Street Address   Street Address   Street Address   One Cathedral Square	o conduct relig	ious worship	-church				
Most Reverend Robert C. Evans    Street Address		OF THE OFFICERS	: ("X" BOX FOR ATTAC	HMENT) 🗌 FILL IN SPACE	ES BEFORE USING ATTA	CHMENTS	
One Cathedral Square  City Providence RI  O2903  Providence RI  O2909  Providence RI  O2909  Street Address  O19 Atwells Avenue  City Providence RI  O2909  RI  O2909  RI  O2909  RI  O2909  Providence RI  O2909  RI  O2909  Providence RI  O2909  RI  O2909  Providence RI  O2909  RI  O2909  RI  O2909  Providence RI  O2909  RI  O2909  RI  O2909  RI  O2909  Providence RI  O2909  RI  O2909  RI  O2909  RI  O2909  RI  O2909  Providence RI  O2909  RI  O2909  Providence RI  O2909  Providence RI  O2909  Providence RI  O2909  Providence RI  O2909  ORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.  Director Name  Fr. Brice Leavins, ofm  Thomas Pellegrino  Street Address  901 Atwella Avenue  47 Homeland Street  City Providence RI  O2909  Director Name  Director Name  Director Name  Providence RI  O2909  Director Name  Director Name  Director Name  Name  Providence RI  O2909  Director Name  O2909  Director Name  Director Name  Denise Prata	President Name Mcst Reverend Thomas J. Tobin						
Providence RI 02903 Providence RI 029  Secretary Name Fr. Brice Leavins, ofm  Street Address 909 Atwells Avenue  City Providence RI 02909 Providence Fr. Brice Leavins, ofm  The NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R. I.  Director Name Fr. Brice Leavins, ofm  Thomas Pellegrino  Street Address 901 Atwella Avenue  A7 Homeland Street  City Providence RI 02909 Johnston RI 029  Director Name  Denise Prata  Street Address  17 Highwood Drive  City State City City State City State City City City State City City State City City City City City City City City							
Secretary Name Fr. Brice Leavins, ofm  Street Address  909 Atwells Avenue  Street Address  901 Atwells Avenue  State RI  02909 Providence RI  029  8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS  THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R. I.  Director Name Fr. Brice Leavins, ofm  Thomas Pellegrino  Street Address  901 Atwella Avenue  47 Homeland Street  City Providence RI  02909  Johnston RI  0290  Street Address  Director Name  Denise Prata  Street Address  17 Highwood Drive  City State Zip Director Name  Street Address  17 Highwood Drive  City State Zip O290  Street Address  18 O2816			1 -	City	State	Zip	
Street Address 909 Atwells Avenue  Street Address 901 Atwells Avenue  State RI 02909 Providence RI 02909 RI 02909 Providence RI 029 8. NAMES AND ADDRESSES OF THE DIRECTORS: (*x* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.  Director Name Fr. Brice Leavins, ofm Thomas Pellegrino  Street Address 901 Atwella Avenue  Street Address 901 Atwella Avenue  City Providence RI 02909 Johnston RI 0290  Director Name Denise Prata  Street Address 17 Highwood Drive  City State Zip Otrector Name City State Zip City City State Zip City State Zip City City State Zip City City State Zip City City State Zip City City City State Zip City City City City City City City City		RI	02903	Providence	RI	02903	
State   Zip   O2909   Providence   RI   O2909   Providence   RI   O2909   Providence   Provide	Secretary Name Fr. Brice Leavins, ofm			Treasurer Name Fr. Brice Leavins, ofm			
Providence RI 02909 Providence RI 029  8. NAMES AND ADDRESSES OF THE DIRECTORS: (*X** BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R. I. Director Name  Fr. Brice Leavins, ofm  Thomas Pellegrino  Street Address  901 Atwella Avenue  City State Zip City State Zip  Providence RI 02909 Johnston RI 029  Director Name  Denise Prata  Street Address  17 Highwood Drive  City State Zip City St	Street Address 90% Atwells Avenue			Street Address 901 Atwells Avenue			
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.A.  Director Name  Fr. Brice Leavins, ofm  Thomas Pellegrino  Street Address  901 Atwella Avenue  47 Homeland Street  City  Providence  RI  02909  Johnston  RI  029  Director Name  Denise Prata  Street Address  17 Highwood Drive  City  State  Zip  Coventry  RI  02816	/idence					<sup>Zip</sup> 02909	
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R. I.  Director Name Fr. Brice Leavins, ofm  Street Address  901 Atwella Avenue City Providence RI 02909 Johnston RI 029  Director Name Denise Prata  Street Address 17 Highwood Drive City State City City State City Street Address 17 Highwood Drive City State City State City Street Address 17 Highwood Drive City RI 02816	MES AND ADDRESSES	OF THE DIRECTOR					
Director Name	NUMBER OF DIRECTO	RS OF A DOMESTIC	C (RHODE ISLAND)	COPPOPATION SHALL NO	of be thee than the	CHMENIS	
Fr. Brice Leavins, ofm         Thomas Pellegrino           Street Address           901 Atwella Avenue         47 Homeland Street           City         State         Zip           Providence         RI         02909         Johnston         RI         029           Director Name         Director Name           Street Address           17 Highwood Drive         Street Address           City         State         Zip         City         State         Zip           Coventry         RI         02816         State         Zip         Zip	or Name	and of the Bollaborat	o (MIODE IOZIND)				
Street Address   Street Address   Street Address   Street Address   State   Street Address   Street Address   Street Address   Street Address   Street Address   Street Address   State   St				1			
901 Atwella Avenue         47 Homeland Street           City         State         Zip         City         State         Zip         O29         Domise         RI         O29         Domise on the color Name         RI         O29         Director Name         Director Name         Street Address         Street Address         Street Address         City         State         Zip         Zip         City         State         Zip         Zip         Coventry         RI         O2816         Zip				<del></del>			
State   Zip   City   State   Zip   City   State   Zip   Director Name   Denise Prata   Street Address   Street Address   Street Address   City   State   Zip   City   City   State   Zip   City   Coventry   RI   O2816   City							
Providence	72 210 WC114 21VC11		Zin				
Denise Prata  Street Address  17 Highwood Drive  City  Coventry  RI  Director Name  Street Address  City  State  City  RI  O2816	vidence		f -	, ·		'	
Street Address 17 Highwood Drive City Coventry State Zip O2816 State Zip State Zip State Zip	r Name		1 02909		K1	02919	
17 Highwood Drive           City         State         Zip         City         State         Zip           Coventry         RI         02816         State         Zip	Denise Pra	ta					
Coventry RI 02816				Street Address			
Coventry RI 02816		State	Zip	City	State	T 710	
	ntry	RI	02816	*		Este	
	GISTERED AGENT IN F	HODE ISLAND	•		ı	I	
Fr. Brice Leavins, ofm 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			Fr. Brice Lea of the Secretary of Stat	<b>vins, ofm</b> e. Changes require filing of I	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 Tru	This report must	be signed by either th	he President Vice Pro-	sident Secretory Assistant	Sagratary Transport		
Tributed by order the Tresident, vice Tresident, Secretary, Assistant Secretary, Treasurer, Receiver or Tri		or anglious by british th	1 /	ndoni, Secretary, Assistant	Secretary, Treasurer, Rece	eiver or Trustee	

File Date

Check No. MAY 2 7 2011

By: BY J 795 9

FOR SECRETARY OF STATE USE ONLY

report, including any ac	companying schedule	rm that I have examined this es and statements, and that all	
statements contained he	Levia A	ect. 5/25/.	/
Signature of Officer	CE LEA	Date /	•
Print or Type Name of O	*	l E h	

Title of Officer

Form 631 Rev. 09/17