

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 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

penaity jee of \$25.00.				·	•	
1. Corporate ID No.	2. Name of Cor	poration				
30893	SS. John 8	SS. John & Paul Parish Corporation				
3. State of Incorporation	4. Corporate ac	ldress in Rhode Island - Street	Address	City	Zip	
Rhode Island	341 So. M	ain Street		Coventry	02816	
5. Foreign corporation. Enter principal office address			City	State	Zip	
					1	
6. Brief Description of the char	acter of the affairs whi	ch are actually conducted in I	Rbode Island			
Roman Catholic Churc	h					
W 1711277			_			
	SSES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT) TILL IN SP.	ACES BEFORE USING ATT	ACHMENTS	
President Name			Vice President Name			
Most Rev. Thomas J. Tobin			Most Rev. Robert C. Evans			
Street Address			Street Address			
One Cathedral Squar			One Cathedral Square			
Providence	RI	Zip	City	State	Zip	
Secretary Name	<u></u>	02903	Providence	RI	02903	
Ralph Lawrence			Treasurer Name Very Rev. Paul R. Grenon			
Street Address	 -			Grenon		
90 Wood Cove Rd.			Street Address			
City	State	2/5	341 So. Main Stre			
Coventry		Zip	City	State	Zip	
	RI	02816	Coventry	Ri	02816	
THE NUMBER OF DIR	ECTORS OF A DO	MECTORS: (A BOX FOR	ATTACHMENT) FILL IN SP	ACES BEFORE USING AT	TACHMENTS	
Director Name	ECIONS OF A DO	MESTIC (KHODE ISLA	ND) CORPORATION SHAL	<u>L NOT BE LESS THAN TH</u>	REE (3). R.I.G.L. 7-6-23	
				Director Name		
Very Rev. Paul R. Grenon Street Address			Ralph Lawrence			
			Street Address			
341 So. Main Street City State Zity Z			90 Wood Cove Rd.			
•	State	Zip	City	State	Zip	
Coventry	RI	02816	Coventry	RI	02816	
Director Name Vincent Moretti			Director Name			
Street Address						
2 Tamarack Trail			Street Address			
City	State	Zip		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
_		l *	City	State	Zip .	
Coventry 9. REGISTERED AGENT	RI	02816	.	\mathbf{L}_{i}	l	
				and the first state of the second	e de la companya de l	
This information is curren	tly of record in th	e Office of the Secretary	of State. Changes require filing	of Form 641 - R.I.G.L. 7-6-	13/7-6-78	
····		and the same				

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

Title of Officer

3 0893	
FILED FILED FILED FILED FILED	V. V.
Check No. By MMC By 16026	/
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm report, including any accompanying schedules statements contained herein are true and correct contained herein are true and affirm report, including any accompanying schedules are true and affirm report, including any accompanying schedules are true and affirm report, including any accompanying schedules are true and affirm report, including any accompanying schedules are true and affirm report, including any accompanying schedules are true and affirm report, including any accompanying schedules are true and correct contained herein are true	and statements, and that al
Signature of Officer	Date
V <u>ery Rev. Paul</u> R. Grenon	
Print or Type Name of Officer	
Pastor/Treasurer	