

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.			,	,	, , , , , , , , , , , , , , , , , , ,	
1. Corporate 1D No.	2. Name of Coη	2. Name of Corporation				
518598		HOLY SPIRIT PARISH CENTRAL FALLS				
3. State of Incorporation	4. Corporate ad	4. Corporate address in Rhode Island - Street Address		City	Zip	
RI	1030 DEX	TER ST		CENTRAL FALLS	RI	
5. Foreign corporation. Enter principal office address			City	State	Zip	
6. Brief Description of the chara		ch are actually conducted in R	bode Island			
ROMAN CATHOLIC CH	łURCH					
7 NAMES AND ADDRESS	Seee on with on					
	SES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT) TILL IN SPACES	S BEFORE USING ATTACH	MENTS	
President Name MOST REV. THOMAS J. TOBIN			Vice President Name			
Street Address			REV. TIMOTHY D. REILLY			
ONE CATHEDRAL SQUARE			Street Address ONE CATHEDRAL SQUARE			
City	State	Zip	City	State	2115	
PROVIDENCE	RI	02903	PROVIDENCE	RI	2ip 02903	
Secretary Name		102000	Treasurer Name		02903	
REV. OTONIEL GÓMEZ			REV. OTONIEL GÓMEZ			
Street Address			Street Address	· · · · · · · · · · · · · · · · · · ·		
1030 DEXTER STREET			1030 DEXTER STREET			
City	State	Zip	City	State	Zip	
CENTRAL FALLS	RI	02863	CENTRAL FALLS	RI	02863	
8. NAMES AND ADDRES	SES OF THE DIR	ECTORS: ("X" BOX FOR	ATTACHMENT) FILL IN SPACE	S BEFORE USING ATTACH	MENTS	
THE NUMBER OF DIRE	CTORS OF A DO.	MESTIC (RHODE ISLA	ND) CORPORATION SHALL NO	T BE LESS THAN THREE	(3). R.I.G.L. 7-6-23	
Director Name			Director Name			
REV. OTONIEL GÓMEZ			MR. VICTOR BREAULT			
Street Address			Street Address			
1030 DEXTER ST.			34 BROOK ST.			
City	State	Ζip	СИу	State	Zip	
CENTRAL FALLS	RI	02863	CENTRAL FALLS	RI	02863	
Director Name			Director Name			
CAMILLE LETOURNE	AU					
Street Address			Street Address			
45 REDWOOD DRIVE		·				
City	State	Zip	City	State	Zip	
CUMBERLAND	RI	02864	1			
9. REGISTERED AGENT	IN RHODE ISLAN	(D				
This information is current	ly of record in the	Office of the Secretary of	of State. Changes require filing of F	form 641 - R LG L 7-6-13/7 (	6_78	
		····				
This report m	ust be signed by	either the President, Vice	e President, Secretary, Assistant S	Secretary, Treasurer, Receive	er or Trustee	

	518598 FILED			
File Date	JUN 28 2011			
Check No	RV 34198			
FOR SECRETARY OF STATE USE ONLY				

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 correc	
Stoniel Sing	6-14-11
Signature of Officer	Date
REV. OTONIEL GÓMEZ	
Print or Type Name of Officer	· · · · · · · · · · · · · · · · · · ·

DIRECTOR

Title of Officer