

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

penalty fee of \$25.00.			J	<u> </u>			
1. Corporate ID No.	2. Name of Corp	2. Name of Corporation					
30399	ST. MATTH	ST. MATTHEW'S CHURCH OF CENTRAL FALLS					
3. State of Incorporation	4. Corporate add	lress in Rhode Island - Street A	Address	City	Zip		
RI	1030 DEXT	TER ST		CENTRAL FALLS	RI		
5. Foreign corporation. Enter principal office address			City	State	<i>2i</i> р		
6. Brief Description of the chara	cter of the affairs whic	b are actually conducted in Ri	bode Island				
ROMAN CATHOLIC CH	IURCH						
	SSES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT) TILL IN SPACES	S BEFORE USING ATTACH	MENTS		
President Name				Vice President Name			
MOST REV. THOMAS	S J. TOBIN		REV. TIMOTHY D. REILLY				
Street Address ONE CATHEDRAL SQUARE			Street Address ONE CATHEDRAL SQUARE				
City	State	Zip	City	State	Ζip		
PROVIDENCE	RI	02903	PROVIDENCE	RI	02903		
Secretary Name REV. OTONIEL GÓMEZ			Treasurer Name REV. OTONIEL GÓMEZ				
Street Address 1030 DEXTER STREET			Street Address 1030 DEXTER STREET				
City	State	Zip	City	State	Zip		
CENTRAL FALLS	RI	02863	CENTRAL FALLS	RI	02863		
8. NAMES AND ADDRES	SSES OF THE DIE	RECTORS: ("X" BOX FOR	ATTACHMENT) FILL IN SPACE	S BEFORE USING ATTACE	IMENTS		
THE NUMBER OF DIRE	CTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION SHALL NO	<u>OT BE LESS THAN THREE</u>	(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	Zip	City	State	Zip		
CENTRAL FALLS	RI	02863	CENTRAL FALLS	RI	02863		
Director Name CAMILLE LETOURNI	EAU		Director Name				
Street Address 45 REDWOOD DRIVE			Street Address				
City	State	Zip	City	State	Zip		
CUMBERLAND	RI	02864	l				
9. REGISTERED AGENT	•	•		-			
This information is curren	ntly of record in th	e Office of the Secretary	of State. Changes require filing of l	Form 641 - R.I.G.L. 7-6-13/7	-6-78		
This report i	must be signed by	either the President, Vi	ce President, Secretary, Assistant	Secretary, Treasurer, Recei	ver or Trustee		

		30399 FILED
File Date Check No.		JUN 28 2011
Ву:	BY_ FOR SECRET	34301 Pary of State Use Only

Under penalty of perjury, I declare and affirm that I have examin	ed this
report, including any accompanying schedules and statements, and	that all
statements contained herein are true and correct.	

Signature of Officer

REV. OTONIEL GÓMEZ

Print or Type Name of Officer

DIRECTOR

Title of Officer