



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 30860		2. Exact name of the Corporation Corporation of the Church of Holy Ghost			
3. State of Incorporation Rhode Island		4. Corporate Address in RI - Street Address 472 Atwells Ave.		City Providence	Zip 02909
5. Foreign corporation. Enter principal office address		City		State	Zip
6. Brief description of the character of business conducted in Rhode Island					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Thomas J. Tobin (Bishop of Providence)			Vice-President Name Robert C. Evans (Aux. Bishop of Providence)		
Street Address One Cathedral Square			Street Address One Cathedral Square		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Mr. Vincent De Tora			Treasurer Name Rev. Camillo Lando, C.S.		
Street Address 3 Allendale Ave.			Street Address 472 Atwells Ave.		
City Johnston	State RI	Zip 02919	City Providence	State RI	Zip 02909
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name Mr. Eugenio Milano			Director Name Mr. William Luguish		
Street Address 84 Vinton St.			Street Address 88 Eliza St.		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Director Name Mr. Edward Coletti			Director Name Mr. Joseph Longo		
Street Address 300 Smithfield Rd. - Apt. 2-25			Street Address 300 Mt. Pleasant Ave.		
City No. Providence	State RI	Zip 02904	City Providence	State RI	Zip 02908
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY ☐

FILED

MAY 14 2012

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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.

Rev. C. Lando

Signature of Officer

CAMILLO LANDO

Print or Type Name of Officer

TREASURER

Title of Officer

MAY 10 2012

Date