



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. 32065		2. Exact name of the Corporation St. Paul's Church Corporation, Foster			
3. State of Incorporation Rhode Island		4. Corporate Address in RI - Street Address 116 A Danielson Pike		City Foster	Zip 02825
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) <input type="checkbox"/>					
President Name Thomas J. Tobin (Bishop of Providence)			Vice-President Name Robert C. Evans (Auxiliary 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 Rev. M.J. Bernard Doré			Treasurer Name Rev. M.J. Bernard Doré		
Street Address 116 A Danielson Pike			Street Address 116 A Danielson Pike		
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Mr. Peter Corr, Trustee			Director Name Dr. Joseph Sinwell, Trustee		
Street Address 779 Chopmist Hill Rd.			Street Address 28 Mt. Hygeia Rd.		
City North Scituate	State RI	Zip 02857	City Foster	State RI	Zip 02825
Director Name Mr. Fernando Botelho			Director Name		
Street Address 14B Shippee Schoolhouse Rd.			Street Address		
City Foster	State RI	Zip 02825	City	State	Zip
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 21 2012

4288

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. M.J. Bernard Doré 05-11-2012
 Signature of Officer Date

Rev. M.J. Bernard Doré

Print or Type Name of Officer

Pastor, Secretary, Treasurer

Title of Officer