



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/business

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. 30896		2. Exact name of the Corporation S. S. Peter and Paul's Church, Phoenixville, Rhode Island			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island			
5. Principal office address 48 Highland Street		City West Warwick		State RI	Zip 02893
6. 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. Robert J. Giardina			Treasurer Name Rev. Robert J. Giardina		
Street Address 48 Highland Street			Street Address 48 Highland Street		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
7. 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 Rev. Robert J. Giardina			Director Name Mrs. Jean Brousseau		
Street Address 48 Highland Street			Street Address 12 Harmony Street		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Director Name Mr. Robert Pare			Director Name		
Street Address 49 Hornbeam Road			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
8. 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

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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. Robert J. Giardina 6/5/12
 Signature of Officer Date

REV. ROBERT J. GIARDINA
 Print or Type Name of Officer

PASTOR
 Title of Officer