



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: \$25.00~~ FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>142198</b>		2. Exact name of the Corporation <b>BLOCK ISLAND CATHOLIC LADIES GUILD, INC.</b>			
3. State of Incorporation <b>RHODE ISLAND</b>		4. Corporate Address in RI - Street Address <b>POB 1893</b>		City <b>BLOCK ISLAND</b>	Zip <b>02807</b>
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief description of the character of business conducted in Rhode Island <b>CHARITABLE AND RELIGIOUS EDUCATION</b>					
7. LIST ALL OFFICERS (CHECK BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>KATHLEEN MITCHELL</b>			Vice-President Name <b>ANNE MARTHEAS</b>		
Street Address <b>1087 LAKESIDE DR.</b>			Street Address <b>1788 HIGH ST.</b>		
City <b>BLOCK ISLAND</b>	State <b>RI</b>	Zip <b>02807</b>	City <b>BLOCK ISLAND</b>	State <b>RI</b>	Zip <b>02807</b>
Secretary Name <b>SANDRA M. KELLY</b>			Treasurer Name <b>KAY MC MANUS</b>		
Street Address <b>1082 MOHEGAN TRAIL</b>			Street Address <b>248 SPRING ST.</b>		
City <b>BLOCK ISLAND</b>	State <b>RI</b>	Zip <b>02807</b>	City <b>BLOCK ISLAND</b>	State <b>RI</b>	Zip <b>02807</b>
8. LIST ALL DIRECTORS (NAME AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE DIRECTORS (CHECK BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>PATRICIA QUEALLY</b>			Director Name <b>LILLIAN MARTIN</b>		
Street Address <b>3 OCEAN AVE</b>			Street Address <b>465 CONNECTICUT AVE</b>		
City <b>BLOCK ISLAND</b>	State <b>RI</b>	Zip <b>02807</b>	City <b>BLOCK ISLAND</b>	State <b>RI</b>	Zip <b>02807</b>
Director Name <b>GAIL PIERCE</b>			Director Name		
Street Address <b>1237 WEST SIDE RD</b>			Street Address		
City <b>BLOCK ISLAND</b>	State <b>RI</b>	Zip <b>02807</b>	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

**FILED**

JUN 07 2012

BY **457**

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.

*Sandra M. Kelly* 5/11/2012  
 Signature of Officer Date

**SANDRA M. KELLY**  
 Print or Type Name of Officer

**SECRETARY**  
 Title of Officer