



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. 142198		2. Exact name of the Corporation BLOCK ISLAND CATHOLIC LADIES GUILD, INC.			
3. State of Incorporation RHODE ISLAND		4. Corporate Address in RI - Street Address POB 1893		City BLOCK ISLAND	Zip 02807
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief description of the character of business conducted in Rhode Island CHARITABLE AND RELIGIOUS EDUCATION					
7. LIST ALL OFFICERS (CHECK BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name KATHLEEN MITCHELL			Vice-President Name ANNE MARTHEAS		
Street Address 1087 LAKESIDE DR.			Street Address 1788 HIGH ST.		
City BLOCK ISLAND	State RI	Zip 02807	City BLOCK ISLAND	State RI	Zip 02807
Secretary Name SANDRA M. KELLY			Treasurer Name KAY MCMANUS		
Street Address 1082 MOHEGAN TRAIL			Street Address 248 SPRING ST.		
City BLOCK ISLAND	State RI	Zip 02807	City BLOCK ISLAND	State RI	Zip 02807
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 PATRICIA QUEALLY			Director Name LILLIAN MARTIN		
Street Address 3 OCEAN AVE			Street Address 465 CONNECTICUT AVE		
City BLOCK ISLAND	State RI	Zip 02807	City BLOCK ISLAND	State RI	Zip 02807
Director Name GAIL PIERCE			Director Name		
Street Address 1237 WEST SIDE RD			Street Address		
City BLOCK ISLAND	State RI	Zip 02807	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 _____

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

FILED

JUN 07 2012

BY **457**