



**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. <b>30233</b>		2. Exact name of the Corporation <b>ST. LAWRENCE CHURCH OF CENTREDALE</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Roman Catholic Church</b>			
5. Principal office address <b>25 Fourth Street</b>			City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <b>The Most Reverend Thomas J. Tobin</b>			Vice-President Name <b>The Most Reverend Robert C. Evans</b>		
Street Address <b>One Cathedral Square</b>			Street Address <b>One Cathedral Square</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
Secretary Name <b>Reverend Joseph A. Pescatello</b>			Treasurer Name <b>Reverend Joseph A. Pescatello</b>		
Street Address <b>25 Fourth Street</b>			Street Address <b>25 Fourth Street</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>
<b>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"/></b>					
Director Name <b>Reverend Joseph A. Pescatello</b>			Director Name <b>Mr. Valentino Lombardi</b>		
Street Address <b>25 Fourth Street</b>			Street Address <b>11 Stephanie Drive</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>
Director Name <b>Mrs. Nancy Riccitelli</b>			Director Name <b>NONE</b>		
Street Address <b>39 Jacksonia Drive</b>			Street Address <b>NONE</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>NONE</b>	State <b>NONE</b>	Zip <b>NONE</b>
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>					
<b>This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.</b>					

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

**FILED**

**JUN 08 2012**

**2956**

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

**FOR SECRETARY OF STATE USE ONLY**

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. Joseph A. Pescatello* June 6, 2012  
 Signature of Officer Date

(Rev.) Joseph A. Pescatello

Print or Type Name of Officer

Secretary - Treasurer

Title of Officer