State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2012

1. Corporate ID No. 000028531

2. Name of Corporation St. Ambrose Church, Albion, Rhode Island

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 191 SCHOOL STREET/PO BOX 67/ALBION
City or Town: LINCOLN State: RI Zip: 02802 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

RELIGIOUS NON PROFIT

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	REV. BERNARD A HEALEY	PO BOX 67 ALBION, RI 02802 USA
SECRETARY	REV. BERNARD A HEALEY	PO BOX 67 ALBION, RI 02802 USA
VICE PRESIDENT	ROBERT C EVANS	ONE CATHEDRAL SQUARE PROVIDENCE, RI 02903 USA
PRESIDENT	MOST REVEREND THOMAS J TOBIN	ONE CATHEDRAL SQUARE PROVIDENCE, RI 02903 USA
DIRECTOR	JOYCE BOUDREAU	274 ALBION RD LINCOLN, RI 02865 USA
DIRECTOR	HON.BURTON STALLWOOD	5 KIRKBRAE DR LINCOLN, RI 02865 USA
DIRECTOR	REV. BERNARD A HEALEY	PO BOX 67 ALBION, RI 02802 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

REV. BERNARD A. HEALEY 191 SCHOOL STREET P.O. BOX 67 ALBION , RI 02802

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

Signed this 12 Day of June, 2012 at 11:27:26 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By REV. BERNARD A HEALEY
Signature of Officer of the Corporation

__ President or __ Vice President or __ Secretary or __ Assistant Secretary or

_X_ Treasurer or __ Receiver or __ Trustee (check one)

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.

Form No. 631
Revised 09/07

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