

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • Filing Fee: \$20.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* 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

t + capitante ID No	2 Name of Corporation				
101034	ALL SAINTS CATHOLIC COMMUNITY				
State of Incorporation		ress in Rhode Island - Street A	ddress	City	Zip
RHODE ISLAND		BUN STREET		WOONSOCKET	02895
5 Foreign corporation. Enter principal office address			City	State	Zip
		h are actually conducted in Ri			
7. NAMES AND ADDRE	SSES OF THE OFF	ICERS: ("X" BOX FOR A	TACHMENT) TILL IN SPACE	S BEFORE USING ATTACH	MENTS
resident Name		0) ((DE) (OE)	Vice President Name		
THOMAS J. TOBIN (BISHOP OF PROVIDENCE)			ROBERT G. EVANS (AUX. BISHOP OF PROVIDENCE)		
ONE CATHEDRAL SQUARE			Street Address ONE CATHEDRAL SQUARE		
CHV	State	Zip	GHy	State	Zip
PROVIDENCE	RI	02903	PROVIDENCE	RI	02903
Secretary Name REV. DENNIS A. REARDON			Treasurer Name REV. DENNIS A. REARDON		
Street Address 323 RATHBUN STREET			Street Address 323 RATHBUN STREET		
Cuy	State	Zip	City:	State	Ζip
VOONSOCKET	RI	02895	WOONSOCKET	RI	02895
3. NAMES AND ADDRI	esses of the dir	ECTORS: ("X" BOX FOR	ATTACHMENT) TILL IN SPACE	ES BEFORE USING ATTAC	HMENTS
THE NUMBER OF DIR	ECTORS OF A DO.	MESTIC (RHODE ISLA	ND) CORPORATION <u>SHALL N</u>	OT BE LESS THAN THREE	(3). R.I.G.L. 7-0
Director Name			Director Name		
			Director Name		
Director Name					
Director Name REV. DENNIS A. RE			RICHARD LEVITRE Street Address		
Director Name REV. DENNIS A. RE Street Address	ARDON		RICHARD LEVITRE		
Overtor Name REV. DENNIS A. RE Sired Address 323 RATHBUN STR	ARDON	Zip	RICHARD LEVITRE Street Address	State	Zip
Overtor Name REV. DENNIS A. RE Sirect Address 323 RATHBUN STR Cay	EET State	хір 02895	RICHARD LEVITRE Street Address 25 HAYES STREET	State RI	Zip 02895
Director Name REV. DENNIS A. RE NIVER Address 323 RATHBUN STR City WOONSOCKET Director Name	ARDON	I :	RICHARD LEVITRE Street Address 25 HAYES STREET City		'
Prector Name REV. DENNIS A. RE Street Address 323 RATHBUN STR Cur WOONSOCKET Director Name THOMAS CLEM	EET State	I :	RICHARD LEVITRE Street Address 25 HAYES STREET City WOONSOCKET Director Name		'
Director Name REV. DENNIS A. RE Street Address 323 RATHBUN STR City WOONSOCKET Director Name THOMAS CLEM Street Address	EET State	I :	RICHARD LEVITRE Street Address 25 HAYES STREET City WOONSOCKET		'
Orector Name REV. DENNIS A. RE Street Address 323 RATHBUN STR City WOONSOCKET Director Name THOMAS CLEM Street Address 2 STAR AVENUE	EET State RI	02895	RICHARD LEVITRE Street Address 25 HAYES STREET City WOONSOCKET Director Name Street Address	RI	02895
Orrector Name REV. DENNIS A. RE Street Address 323 RATHBUN STR City WOONSOCKET Orrector Name THOMAS CLEM Street Address 2 STAR AVENUE City	EET State RI State	02895	RICHARD LEVITRE Street Address 25 HAYES STREET City WOONSOCKET Director Name		'
Prector Name REV. DENNIS A. RE street Address 323 RATHBUN STR City WOONSOCKET Prector Name THOMAS CLEM Street Address 2 STAR AVENUE City WOONSOCKET	State RI State RI	02895 ×10 02895	RICHARD LEVITRE Street Address 25 HAYES STREET City WOONSOCKET Director Name Street Address	RI	02895
Proctor Name REV. DENNIS A. RE street Address 323 RATHBUN STR City WOONSOCKET Proctor Name THOMAS CLEM Street Address 2 STAR AVENUE City	State RI State RI	02895 ×10 02895	RICHARD LEVITRE Street Address 25 HAYES STREET City WOONSOCKET Director Name Street Address	RI	02895
Proctor Name REV. DENNIS A. RE Street Address 323 RATHBUN STR Car WOONSOCKET Director Name THOMAS CLEM Street Address 2 STAR AVENUE Cati WOONSOCKET 9. REGISTERED AGEN	State State RI State RI State RI T IN RHODE ISLA	02895 ×/p 02895	RICHARD LEVITRE Street Address 25 HAYES STREET City WOONSOCKET Director Name Street Address	RI	02895

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	101034 JUN 21 2012	
	101074 1726	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
File Date		statements contained herein are true and correct.
Check No		Signature of Officer REV. DENNIS A. REARDON
By:FOR S	SECRETARY OF STATE USE ONLY	Print or Type Name of Officer SECRETARY
L		Title of Officer Form 631 Rev. 09/17