



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. 29012		2. Exact name of the Corporation Church of Jesus Saviour-Newport			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Roman Catholic Church			
5. Principal office address 1 Vernon Avenue		City Newport	State RI	Zip 02840	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Thomas J. Tobin (Bishop of Providence)		Vice-President Name Robert C. Evans (Auxiliary Bishop of Providence)			
Street Address One Cathedral Square		Street Address One Cathedral Square			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Mario G. Ferreira		Treasurer Name Rev. Francis A. O'Loughlin			
Street Address 18 Fowler Avenue		Street Address 1 Vernon Avenue			
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
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"/>					
Director Name Rev. Francis A. O'Loughlin (pastor)		Director Name Mr. Mario Ferreira (trustee)			
Street Address 1 Vernon Avenue		Street Address 18 Fowler Avenue			
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Director Name Mr. Alfred Almeida (trustee)		Director Name			
Street Address 3 Ellen Road		Street Address			
City Middletown	State RI	Zip 02842	City	State	Zip
8. 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

FILED

JUN 28 2012

File Date _____

Check No _____

By: _____

By *mme*
CV#14786

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.

Signature of Officer

Date

Rev. Francis A. O'Loughlin

Print or Type Name of Officer

Pastor/Treasurer

Title of Officer

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