



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 2013

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. 30772		2. Exact name of the Corporation St. Patrick Church Corporation, Valley Falls, Rhode Island			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island			
5. Principal office address 301 Broad Street		City Cumberland	State RI	Zip 02864	
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 Prov		
Street Address One Cathedral Square			Street Address One Cathedral Square		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Rev. Lawrence E. Toole			Treasurer Name Rev. Lawrence E. Toole		
Street Address 301 Broad Street			Street Address 301 Broad Street		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
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. Lawrence E. Toole			Director Name Mrs Colleen M. Boisvert		
Street Address 301 Broad Street			Street Address 3 Cider Mill Lane		
City Cumberland	State RI	Zip 02864	City Lincoln,	State RI	Zip 02865
Director Name Mr. Joseph F. Griffin			Director Name		
Street Address 169 Dexter Street			Street Address		
City Cumberland	State RI	Zip 02864	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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

MAY 09 2013

By MJC
 CA # 7098

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.

Lawrence E Toole 5/8/13
 Signature of Officer Date

Lawrence E. Toole
 Print or Type Name of Officer

Sec / Treas
 Title of Officer