

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.	2. Exact name of	the Corporation			
3016	ST. 3	JOSEPH'S	CHURCH		
State of Incorporation	4. Brief description	n of the character of bu	siness conducted ihode Island		
RHODE ISLAND	15	RELIGIO) S		
	NCE ST		WEST WARWICK	State	02893
S. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
1			Vice-President Name		
THOMAS J. TOBIN (Bishop of Providence)			ROBERT C. EVANS (Auxiliary Bishop of Providence)		
Street Address			Street Address		
ONE CATHEDRAL SQUARE			ONE CATHEDRAL SQUARE		
City	State	Zip	City	State	Zip
PROVIDENCE	RI	02903	PROVIDENCE	RI	02903
PASTOR OR OTHER NAME MICHAEL A COLEUD			PASTOR'S NAME HICHAEL A - COLELLO		
Street Address 854 PROVIDENCE 57.			Street Address PROVIDENCE 57.		
City WEST WARWICK	State RT	02893	LEST WARWICK	State	02893
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ((XX, BOX FOR ATTACHMENT)					
Director Name PASTOR'S NAME MICHAELA, COLEUR			Director Name TRUSTEE'S NAME THOMAS WALSIT		
Street Address / ROVIDENCE ST.				WOOD	DR.
WEST WARWICK	State	^{Zip} 02893	WEST WARWICK	State 2T	02893
Director Name	Director Name	·			
TRUSTEE'S NAME VA	UKNS				
Street Address			Street Address		
36 MROCK	DAG	HVENUE			
city INSST WARDICK	State, RT	02893	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					

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FileDate	FILED	this report, including any accompanying schedules and statements,
	I ILLU	and that all statements contained herein are true and correct.
Check No.		Muharla Coullo 5/10/13
	MAY 2 1 2013	Mahael a Coulo 5/10/13
	MIN 2 1 2010	Agriature of Officer Date
	21/2	MICHAEL A. COLELLO
FOR SECRETARY OF STATE USE ONDY	303	
是是一个人,他们就是一个人, 第一个人,他们就是一个人,		Print or Type Name of Officer
particular transfer of the control o		PASTOR / TREASUPER
Form No. 631		- I - I - I - I - I - I - I - I - I - I
Revised: 05/2012		Title of Officer