

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 na	me of the Corporation					
29272		Saint Catherine's Roman Catholic Church of Warwick Rhode Island					
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island The Religious Formation of the Congregation in the Ways of the Catholic Expression of Christianity					
5. Principal office address 3252 Post Road			City Warwick	State RI	Zip 02886		
President Name Most Rev. Thomas J	. Tobin	ter waste at the second of	Vice-President Name Auxillary Bishop Robe	ert C. Evans			
Street Address One Cathedral Square			Street Address One Cathedral Square				
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903		
Secretary Name Claire Downing			Treasurer Name Richard M. Friedrichs				
Street Address 15D Eagle Run			Street Address 3252 Post Road				
City East Greenwich	State RI	Zip 02818	City Warwick	State RI	Zip 02886		
		Ta va ka Saras					
Director Name Howard J. Watson			Director Name Claire Downing				
Street Address 75 Spencer Wood Dr			Street Address 15D Eagle Run				
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818		
Director Name Katherine Fielder			Director Name				
Street Address 24 Orient Street	1		Street Address				
City Warwick	State RI	Zip 02886	City	State	Zip		
This information is curren	tly of record in th	e Office of the Secret	ary of State. Changes require filing	Form 641	7.45		
			Provident Corretory Assistant Corret		niver or Trustee		

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

FILED	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.		
JUN 0 4 2013	Sur Reclard M. Friedriche Signature of Officer	5/21/2013 Date	
47150	Print or Type Name of Officer		
Form No. 631 Revised: 05/2012	Title of Officer		