



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. 26771		2. Exact name of the Corporation IMMACULATE CONCEPTION CHURCH CORPORATION, CRANSTON			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island ROMAN CATHOLIC CHURCH			
5. Principal office address 237 GARDEN HILLS DR			City CRANSTON	State RI	Zip 02920
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name THOMAS J TOBIN			Vice-President Name ROBERT 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 JAMES SOUZA			Treasurer Name RONALD E BRASSARD		
Street Address 121 WALKER ST			Street Address 237 GARDEN HILLS DR		
City SEEKONK	State MA	Zip 02771	City CRANSTON	State RI	Zip 02920
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 RONALD E BRASSARD			Director Name JAMES SOUZA		
Street Address 237 GARDEN HILLS DR			Street Address 121 WALKER ST		
City CRANSTON	State RI	Zip 02920	City SEEKONK	State MA	Zip 02771
Director Name MICHAEL HOBIN			Director Name		
Street Address 19 PLANTATION DR			Street Address		
City CRANSTON	State RI	Zip 02920	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**

JUN 26 2013

BY 36783

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

RONALD E BRASSARD

Print or Type Name of Officer

TREASURER

Title of Officer