



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.

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2013 JUL 25 PM 1:06

1. Entity ID No. 28272		2. Exact name of the Corporation The Cathedral Corporation of the Diocese of Rhode Island			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Religious Activities			
5. Principal office address 271 North Main St.		City Providence	State RI	Zip 02903	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Geralyn Wolf		Vice-President Name Leah Nastasi			
Street Address 275 North Main St.		Street Address 31-D Waterview Drive			
City Providence	State RI	Zip 02903	City Smithfield	State RI	Zip 02917
Secretary Name Arline Walker		Treasurer Name Toni Harrison			
Street Address 112 Sutton Street		Street Address 204 Orchard St.			
City East Providence	State RI	Zip 02914	City Cranston	State RI	Zip 02910
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 Geralyn Wolf		Director Name Leah Nastasi			
Street Address 275 North Main St.		Street Address 31-D Waterview Drive			
City Providence	State RI	Zip 02903	City Smithfield	State RI	Zip 02917
Director Name Arline Walker		Director Name Toni Harrison			
Street Address 112 Sutton St.		Street Address 204 Orchard St.			
City East Providence	State RI	Zip 02914	City Cranston	State RI	Zip 02910
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

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JUL 25 2013

BY CH 202439
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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.

Leah Nastasi 7-25-13
 Signature of Officer Date

Leah Nastasi
 Print or Type Name of Officer

Vice-President
 Title of Officer