RI SOS Filing Number: 201438769240 Date: 05/06/2014 4:00 PM

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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
29081	Church of Our Lady of Grace
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	Provide religious services and charity work.

5. Principal office address	City	State	Zip
4 Lafayette Street	Johnston	RI	02919

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
Most Reverend Thomas Tobin			Most Reverend Robert Evans		
Street Address			**Street Address**		
1 Cathedral Square			1 Cathedral Square		
City	**State**	**Zip**	**City**	**State**	**Zip**
Providence	RI	02903	Providence	RI	02903
Secretary Name			**Treasurer Name**		
Reverend Peter Gower			Reverend Peter Gower		
Street Address			**Street Address**		
4 Lafayette Street			4 Lafayette Street		
City	**State**	**Zip**	**City**	**State**	**Zip**
Johnston	RI	02919	Johnston	RI	02919

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
Most Reverend Thomas Tobin			Most Reverend Robert Evans		
Street Address			**Street Address**		
One Cathedral Square			One Catheral Square		
City	**State**	**Zip**	**City**	**State**	**Zip**
Providence	RI	02903	Providence	RI	02903
Director Name			**Director Name**		
Reverend Peter Gower			Agostino Antonucci		
Street Address			**Street Address**		
4 Lafayette Street			12 Cindy Circle		
City	**State**	**Zip**	**City**	**State**	**Zip**
Johnston	RI	02919	Johnston	RI	02919

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, duly Authorized Representative, Receiver or Trustee

FILED

MAY 06 2014

BY 29851

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

May 2, 2014

Signature of Officer or Authorized Representative — Date

Peter Gower

Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
106242-6-958013