



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

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OFFICE OF THE SECRETARY OF STATE - DIVISION OF BUSINESS SERVICES

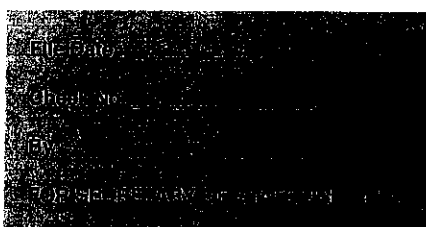
NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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. 29156		2. Exact name of the Corporation Saint Anthony Church Corporation - North Providence			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Roman Catholic Church			
5. Principal office address 5 Gibbs Street		City North Providence		State RI	Zip 02904
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) FOR BOOK RECORD PURPOSES					
President Name Most Reverend Thomas J. Tobin, Bishop of Providence			Vice-President Name Most Reverend Robert C. Evans, Auxillary Bishop of Prov		
Street Address One Cathedral Square			Street Address One Cathedral Square		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02903
Secretary Name Reverend Edward S. Cardente			Treasurer Name Reverend Edward S. Cardente		
Street Address 5 Gibbs Street			Street Address 5 Gibbs Street		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) FOR BOOK RECORD PURPOSES					
Director Name Reverend Edward S. Cardente			Director Name Anthony DeSano		
Street Address 5 Gibbs Street			Street Address 54 A Wedge Row		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
Director Name Gloria Mamis			Director Name		
Street Address 85 B Nipmuc Trail			Street Address		
City North Providence	State RI	Zip 02904	City	State	Zip
8. 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 22 2014

23526

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 or Authorized Representative

Date

Reverend Edward S. Cardente

Print or Type Name of Officer or Authorized Representative