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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
29156	Saint Anthony Church Corporation - North Providence
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	Roman Catholic Church

5. Principal office address	City	State	Zip
5 Gibbs Street	North Providence	RI	02904

6. LIST ALL OFFICERS NAMES AND ADDRESSES FOR ANNUAL REPORT ☐

President Name	Vice-President Name
Most Reverend Thomas J. Tobin, Bishop of Providence	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	**Treasurer Name**
Reverend Edward S. Cardente	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 ANNUAL REPORT ☐

Director Name	Director Name
Reverend Edward S. Cardente	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	**Director Name**
Gloria Mamis	
Street Address: 85 B Nipmuc Trail	Street Address:
City: North Providence, State: RI, Zip: 02904	City: , State: , Zip:

8. REGISTERED AGENT INFORMATION

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

[redacted]
FILED
MAY 22 2014
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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.

Rev. Edward Cardente 5/19/14
Signature of Officer or Authorized Representative — Date

Reverend Edward S. Cardente
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

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