

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

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				
28520	Saint Al	Saint Alexander's Church Corporation, Warren				
3. State of Incorporation	1	scription of the character of bu	siness conducted in Rhode	Island		
Rhode Island	Religio	ıs				
5. Principal office address 221 Main Street			City Warren	State RI	Zip 02885	
6. LIST ALL OFFICERS	(NAMES AND ADD	RESSES) ("X" BOX FOR ATT	ACHMENT)			
President Name			Vice-President Name			
Thomas J. Tobin (Bishop of Providence)			Robert C. Evans (Auxiliary Bishop of Providence)			
Street Address			Street Address			
One Cathedral Square			One Cathedral Square			
City	State	Zip	City	State	Zip	
Providence	RI	02903	Providence	RI	02903	
Secretary Name			Treasurer Name			
Rev. David W. Masello			Rev. David W. Masello			
Street Address 221 Main Street			Street Address 221 Main Street			
City	State	Zip	City	State	Zip	
Warren	RI	02885	Warren	RI	02885	
7. LIST <u>ALL</u> DIRECTOR: ("X" BOX FOR ATTAC	S (NAMES AND AD HMENT)	DRESSES). RHODE ISLAND	CORPORATIONS MUST	LIST NO LESS THAN	THREE (3) DIRECTORS	
Director Name			Director Name	·		
Louis Annunziata			Nancy Urban			
Street Address			Street Address			
87 Seymour Street			14 Kathleen Drive			
City	State	Zip	City	State	Zip	
Warren	RI	02885	Warren	RI	02885	
Director Name			Director Name			
Patricia Dugan			James Wojtyto			
Street Address			Street Address			
303 Windridge Lane	Ð		112 County Road			
City	State	1 '	City	State	Zip	
Bristol	Ri	02809	Barrington	RI	02806	
B. REGISTERED AGENT						
This information is curre	ently of record in th	e Office of the Secretary of	State. Changes require fili	ng Form 641.		
This report must be signed or Trustee	l by either the Presid	lent, Vice-President, Secretary	, Assistant Secretary, Treasi	urer, duly Authorized I	Representative, Receiver	
File Date				ny accompanying sc	hedules and statements	
Check No		FILED	and that all statements contained herein are true and correct.			
By:			Signature of Officer or Au	ithorized Representati	ive Date	
FOR SECRETARY OF S	STATE USE ONLY	MAY 3 0 2014	Rev. David W. Mas	·	Jale Dale	
form No. 631		BY 3 Print or Type Name of Officer or Authorized Representative			presentative	

Revised: 04/2014