



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. 112938		2. Exact name of the Corporation Preserve Historic Saint Mary's, Inc.			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island PRESERVATION, RECONSTRUCTION, RESTORATION AND REPAIR OF SAINT MARY'S CHURCH AT NEWPORT, RHODE ISLAND			
5. Principal office address 12 William Street		City Newport		State RI	Zip 02840
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Rev. Kris von Maluski		Vice-President Name "none"			
Street Address 12 William Street		Street Address			
City Newport	State RI	Zip 02840	City	State	Zip
Secretary Name Raymond Caine		Treasurer Name David P. Leys			
Street Address 111 Harrison Avenue B4		Street Address 599 Wolcott Avenue			
City Newport	State RI	Zip 02840	City Middletown	State RI	Zip 02842
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name Rev. Kris von Maluski		Director Name Raymond Caine			
Street Address 12 William Street		Street Address 111 Harrison Avenue B4			
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Director Name David P. Leys		Director Name "none"			
Street Address 599 Wolcott Avenue		Street Address			
City Middletown	State RI	Zip 02842	City	State	Zip
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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY **BY**

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 Rev. Kris von Maluski Date May 19 2014

Rev. Kris von Maluski

Print or Type Name of Officer or Authorized Representative