



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000028266

2. Name of Corporation NOTRE DAME CHURCH

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 1030 DEXTER STREET

City or Town: CENTRAL FALLS

State: RI

Zip: 02863

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town:

State:

Zip:

Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

ROMAN CATHOLIC CHURCH

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MOST REVEREND THOMAS J TOBIN	ONE CATHEDRAL SQUARE PROVIDENCE, RI 02903 USA
VICE PRESIDENT	MOST REV. ROBERT C EVANS	ONE CATHEDRAL SQUARE PROVIDENCE, RI 02903 USA
DIRECTOR	CAMILLE LETOURNEAU	45 REDWOOD

		CUMBERLAND, RI 02864 USA
DIRECTOR	MARVIN SANDOVAL	128 DENVER ST PAWTUCKET, RI 02860 USA
DIRECTOR	REV OTONIEL GOMEZ	1030 DEXTER STREET CENTRAL FALLS, RI 02863 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

REV. OTONIEL GOMEZ HOLY SPIRIT CATHOLIC COMMUNITY 1030 DEXTER STREET CENTRAL FALLS , RI 02863

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 4 Day of June, 2014 at 4:09:49 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By OTONIEL GOMEZ
Signature of Authorized Person

Form No. 631
Revised 09/07

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