



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. 30255		2. Exact name of the Corporation Saint Margaret's Church Corporation, East Providence, Rhode Island			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Roman Catholic church			
5. Principal office address 1098 Pawtucket Avenue		City East Providence		State RI	Zip 02916
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Thomas J. Tobin (Bishop of Providence)		Vice-President Name Robert C. Evans (Auxiliary Bishop of Providence)			
Street Address One Cathedral Square		Street Address One Cathedral Square			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02093
Secretary Name Maddie Josephs		Treasurer Name Msgr. William J. McCaffrey			
Street Address 43 Bourne Avenue		Street Address 1098 Pawtucket Avenue			
City Rumford	State RI	Zip 02916	City East Providence	State RI	Zip 02916
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name Msgr. William J. McCaffrey		Director Name Maddie Josephs			
Street Address 1098 Pawtucket Avenue		Street Address 43 Bourne Avenue			
City East Providence	State RI	Zip 02916	City Rumford	State RI	Zip 02916
Director Name John Costigan		Director Name			
Street Address 22 Reservoir Avenue		Street Address			
City Rumford	State RI 02916	Zip	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

JUN 04 2014

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Signature of Officer or Authorized Representative

Date

William J. McCaffrey