



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. 508382		2. Exact name of the Corporation Holy Family Parish, Pawtucket, Rhode Island			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Roman Catholic Church-Parish Ministry-Non Profit			
5. Principal office address 195 Walcott Street		City Pawtucket	State RI	Zip 02860	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Thomas J. Tobin (Bishop of Prov.)			Vice-President Name Robert C. Evans (Auxiliary Bishop of Prov.)		
Street Address One Cathedral Square			Street Address One Cathedral Square		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Rev. Robert P. Perron			Treasurer Name Rev. Robert P. Perron (Pastor)		
Street Address 195 Walcott Street			Street Address 195 Walcott Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Rev. Robert P. Perron (Pastor)			Director Name Stephen Kilmartin (Trustee)		
Street Address 195 Walcott Street			Street Address 284 Woodhaven Road		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02861
Director Name Paul Renaud (Trustee)			Director Name		
Street Address 283 Bloomfield Street			Street Address		
City Pawtucket	State RI	Zip 02861	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

File Date _____

Check No _____

By: _____

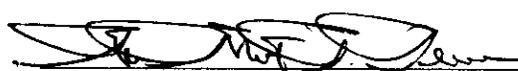
FOR SECRETARY OF STATE USE ONLY

FILED

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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.

 6/4/2014
 Signature of Officer or Authorized Representative Date

Rev. Robert P. Perron

Print or Type Name of Officer or Authorized Representative