



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. 29029		2. Exact name of the Corporation The Parish of the Church of the Redeemer of Providence			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island CHURCH/ RELIGIOUS			
5. Principal office address 655 Hope Street			City Providence	State RI	Zip 02906
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Grant Willis			Vice-President Name Edgar Bailey		
Street Address 51 Summit Avenue			Street Address 126 Sandringham Avenue		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02908
Secretary Name Sandra DiPalma			Treasurer Name Joseph DiPalma		
Street Address 72 Merry Mount Drive			Street Address 72 Merry Mount Drive		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Bonnie Galvin			Director Name Daniel Harvey		
Street Address 51 Summit Avenue			Street Address 32 Audubon Avenue		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02908
Director Name Jane Jellison			Director Name Jeanne Edwards		
Street Address 69 Marshall Street			Street Address 962 Great Hill Drive		
City Providence	State RI	Zip 02909	City Warwick	State RI	Zip 02886
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

JUN 10 2014

BY 3026

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.

Joseph C. DiPalma
 Signature of Officer or Authorized Representative

6/6/2014

Date

Joseph C. DiPalma

Print or Type Name of Officer or Authorized Representative

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ENTITY ID # 29029

ADDITIONAL DIRECTOR

Priscilla Bailey
126 Sandringham Avenue
Providence, RI 02908

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