



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. 28561		2. Exact name of the Corporation Saint Ann's Catholic Church of Providence, Rhode Island			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Religious			
5. Principal office address 2 Russo St. PO Box 9207		City Providence		State RI	Zip 02940-9207
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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 02903
Secretary Name Michael J. Menna			Treasurer Name Michael J. Menna		
Street Address 2 Russo St. PO Box 9207			Street Address 2 Russo St. PO Box 9207		
City Providence	State RI	Zip 02940-9207	City Providence	State RI	Zip 02940-9207
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 Michael J. Menna			Director Name Joseph Guatieri		
Street Address 2 Russo St. PO Box 9027			Street Address 98 Langdon St.		
City Providence	State RI	Zip 02940-9207	City Providence	State RI	Zip 02904
Director Name Lorenzo Iadaluca			Director Name		
Street Address 17 Dennell Dr			Street Address		
City Lincoln	State RI	Zip 02865	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 12 2014

File Date _____

Check No _____

BY 10255

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Michael J. Menna 6-11-14
Signature of Officer or Authorized Representative Date

REV. MICHAEL J. MENNA
Print or Type Name of Officer or Authorized Representative