



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. 30865		2. Exact name of the Corporation Saint Thomas the Apostle Church Corporation of Warren			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Religious			
5. Principal office address 500 Metacom Avenue		City Warren		State RI	Zip 02885-2808
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Most Reverend Thomas J. Tobin			Vice-President Name Most Reverend Robert C. Evans		
Street Address One Cathedral Square			Street Address One Cathedral Square		
City Providence	State RI	Zip 02903-3695	City Providence	State RI	Zip 02903-3695
Secretary Name Rev. John E. Abreu			Treasurer Name Rev. John E. Abreu		
Street Address 500 Metacom Avenue			Street Address 500 Metacom Avenue		
City Warren	State RI	Zip 02885-2808	City Warren	State RI	Zip 02885-2808
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 Alfred Aparicio			Director Name Manuel Rodrigues		
Street Address 169 Fatima Drive			Street Address 112 Anthony Street		
City Bristol	State RI	Zip 02809	City Seekonk	State MA	Zip 02771
Director Name Maria Silveira			Director Name		
Street Address 84 Sowams Road			Street Address		
City Barrington	State RI	Zip 02806	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

File Date _____

JUN 12 2014

Check No. _____

By: _____

BY 21830

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.

Rev. John E. Abreu
Signature of Officer or Authorized Representative

06/10/2014

Date

FOR SECRETARY OF STATE USE ONLY

Rev. John E. Abreu

Print or Type Name of Officer or Authorized Representative