

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.	2. Exact name	2. Exact name of the Corporation				
30094	Saint James Church of Arctic					
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island					
RI	Religious					
KI						
5. Principal office address 20 Washington St.			City West Warwick	State RI	Zip 02893	
President Name			Vice-President Name			
Most Reverend Thomas J. Tobin			Most Reverend Robert C Evans			
Street Address			Street Address			
One Cathedral Square			One Cathedral Square			
City	State	Zip	City	State	Zip	
Providence	RI	02903	Providence	RI	02903	
Secretary Name			Treasurer Name			
Rev. Eddy E. Lopez-Bolanas			Rev. Eddy Lopez-Bolanas			
Street Address 20 Washington St.			Street Address 20 Washington St.			
City	State	Zip	City	101-1-	T 	
West Warwick	RI	02893	West Warwick	State RI	Zip	
	Plantedomes	02030	West Walwick	KI Votaspenski kiristory:	02893	
Director Name			Director Name			
Jen Tellier			Thomas Noel			
Street Address			Street Address			
114 Acres of Pine Road			6 Ray St.			
City	State	Zip	City	State	Zíp	
Coventry	RI	02816	Coventry	Ri	02816	
Director Name			Director Name			
Rev. Eddy E. Lopez Bo	olanas					
Street Address			Street Address			
20 Washington St.			İ			
City	State	Zip	City	State	Zip	
West Warwick	RI	02893				
				Primaria da y a (1861)		
			of State. Changes require filing			
his report must be signed by	either the President	Vice-President Secre	etary, Assistant Secretary, Treasure	or duly Authorized I	Dengantativa Bassina	

or Trustee



FILED

JUN 1 7 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.

Signature of Officer of Authorized Representative Date

Rev Eddy Lopez-Bolanos
Print or Type Name of Officer or Authorized Representative

Form No. 631 Revised: 04/2014