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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 of the Corporation
30134	St. John's Church Society Rhode Island
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
Rhode Island	Roman Catholic Church

5. Principal office address	City	State	Zip
63 Church Street	Slatersville	RI	02876

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Most Rev. Thomas J. Tobin, D. D.	One Cathedral Square	Providence	RI	02903

Vice-President Name	Street Address	City	State	Zip
Most Rev. Robert C. Evans, D.D., J.C. L.	One Cathedral Square	Providence	RI	02903

Secretary Name	Street Address	City	State	Zip
Rev. Raymond A. Tetreault	63 Church Street	Slatersville	RI	02876

Treasurer Name	Street Address	City	State	Zip
Rev. Raymond A. Tetreault	63 Church Street	Slatersville	RI	02876

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Rev. Raymond A. Tetreault	63 Church Street	Slatersville	RI	02876

Director Name	Street Address	City	State	Zip
Mr. Paul Kiernan	19 Roselawn Avenue	Forestdale	RI	02824

Director Name	Street Address	City	State	Zip
Mrs. Christine Hemond	18 Eaton Street	N. Smithfield	RI	02896

Director Name	Street Address	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
JUN 18 2014
BY 185 18

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 Raymond A Tetreault 6/17/14
Signature of Officer or Authorized Representative Date

Rev. Raymond A. Tetreault
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

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