



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. 30769		2. Exact name of the Corporation St. Patrick's Church, Burrillville, Rhode Island			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island RELIGIOUS ORGANIZATION (TO CARE FOR THE SPIRITUAL WELL BEING OF THE PARISHIONERS.)			
5. Principal office address 45 HARRISVILLE MAIN STREET		City HARRISVILLE		State RI	Zip 02830
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
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	City Providence	State RI	Zip 02903
Secretary Name Rev. Peter John Sheehan		Treasurer Name Rev. Peter John Sheehan			
Street Address 45 Harrisville Main Street		Street Address 45 Harrisville Main Street			
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name Roger Johnson		Director Name Marie Roderick			
Street Address 1045 Sherman Farm Road		Street Address 181 Lapham Farm Road			
City Harrisville	State RI	Zip 02830	City Pascoag	State RI	Zip 02859
Director Name Barbara Langlois		Director Name Marc Genereux			
Street Address 36 North Hill Road		Street Address 148 Colonial Road			
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
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 _____

FILED

Check No _____

JUN 18 2014

By: _____

FOR SECRETARY OF STATE USE ONLY

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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. Peter John Sheehan

6/13/2014

Signature of Officer or Authorized Representative

Date

Rev. Peter John Sheehan

Print or Type Name of Officer or Authorized Representative