RI SOS Filing Number: 201441685300 Date: 06/19/2014 4:00 PM

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
29314	**Saint Clare's Church Corporation, Misquamicut**
3. State of Incorporation **Rhode Island**	4. Brief description of the character of business conducted in Rhode Island **Roman Catholic Church**

5. Principal office address	City	State	Zip
4 Saint Clare Way	**Westerly**	**RI**	**02891**

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

President Name	Street Address	City	State	Zip
Thomas J. Tobin (Bishop of Providence)	**One Cathedral Square**	**Providence**	**RI**	**02903**

Vice-President Name	Street Address	City	State	Zip
Robert C. Evans (Auxiliary Bishop of Providence)	**One Cathedral Square**	**Providence**	**RI**	**02903**

Secretary Name	Street Address	City	State	Zip
Lauren Matarese	**233 Shore Road**	**Westerly**	**RI**	**02891**

Treasurer Name	Street Address	City	State	Zip
Kenneth J. Suibielski	**4 Saint Clare Way**	**Westerly**	**RI**	**02891**

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
Kenneth J. Suibielski	**4 Saint Clare Way**	**Westerly**	**RI**	**02891**

Director Name	Street Address	City	State	Zip
Cornelius Collins	**14 Bayberry Road**	**Westerly**	**RI**	**02891**

Director Name	Street Address	City	State	Zip
Lauren Matarese	**233 Shore Raod**	**Westerly**	**RI**	**02891**

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

FILED

File Date _____ JUN 19 2014

Check No _____ **BY** 50015

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.

Rev. Kenneth J. Suibielski 6-17-14
Signature of Officer or Authorized Representative Date

Rev. Kenneth J. Suibielski
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
108397-4-953246