



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. 139236		2. Exact name of the Corporation Lay Fraternities of St. Dominic			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island We are lay members of the Dominican Order. We are a group committed to prayer, study, community and preaching.			
5. Principal office address 112 Ledge St.		City Prov.	State RI	Zip 02904	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Alice Dabney			Vice-President Name none		
Street Address 4 Morning Way			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Secretary Name Paul Plourde			Treasurer Name Ann Rotoncki		
Street Address 23 Tanglewood Dr.			Street Address 39 Amory St		
City Riverside	State RI	Zip 02915	City Prov.	State RI	Zip 02904
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 Alice Dabney			Director Name Mary Hurley		
Street Address 4 Morning Way			Street Address 50 Peckham Rd.		
City Cumberland	State RI	Zip 02864	City Little Compton	State RI	Zip 02837
Director Name Paul Plourde			Director Name Ann Rotoncki		
Street Address 23 Tanglewood Dr.			Street Address 39 Amory St.		
City Riverside	State RI	Zip 02915	City Prov.	State RI	Zip 02904
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.					

2014 JUN 19 PM 4:01
 SECRETARY OF STATE
 CORPORATION DIVISION

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 19 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.

Clyde Gizzarelli 6/16/14
 Signature of Officer or Authorized Representative Date

Elizabeth Gizzarelli
 Print or Type Name of Officer or Authorized Representative

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