



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. 30822		2. Exact name of the Corporation ST. PETER'S CHURCH, WARWICK, RHODE ISLAND			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island ROMAN CATHOLIC CHURCH/PARISH			
5. Principal office address 350 FAIR STREET		City WARWICK		State RI	Zip 02888
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name THOMAS J. TOBIN (BISHOP OF PROVIDENCE)		Vice-President Name ROBERT C. EVANS (AUXILIARY BISHOP OF PROV.)			
Street Address ONE CATHEDRAL SQUARE		Street Address ONE CATHEDRAL SQUARE			
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
Secretary Name Charlene A. Schreiber		Treasurer Name Reverend Roger C. Gagne', Pastor			
Street Address 81 Sunset Terrace		Street Address 350 Fair Street			
City Cranston	State RI	Zip 02905	City Warwick	State RI	Zip 02888
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 Reverend Roger C. Gagne', Pastor/Treasurer		Director Name John T. Madden, Trustee			
Street Address 350 Fair Street		Street Address 34 Longwood Avenue			
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Director Name Flora M. Hainey, Trustee		Director Name			
Street Address 131 Sweetfern Road		Street Address			
City Warwick	State RI	Zip 02888	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

JUN 23 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.

File Date

Check No

By:

BY

FOR SECRETARY OF STATE USE ONLY

Signature of Officer or Authorized Representative

06/19/14

Date

Reverend Roger C. Gagne', Pastor

Print or Type Name of Officer or Authorized Representative