



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/business

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.

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|--|--------------------|---|---|---------------------|---------------------|
| 1. Entity ID No. 26256 | | 2. Exact name of the Corporation La Salle Academy | | | |
| 3. State of Incorporation Rhode Island | | 4. Brief description of the character of business conducted in Rhode Island Religious, charitable and educational activities. | | | |
| 5. Principal office address One Cathedral Square | | City Providence | State RI | Zip 02903 | |
| 6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name Most Reverend Thomas J. Tobin | | | Vice-President Name Rev. Msgr. Albert A. Kenney | | |
| 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. Timothy D. Reilly | | | Treasurer Name Most Reverend Thomas J. Tobin | | |
| Street Address One Cathedral Square | | | Street Address One Cathedral Square | | |
| City Providence | State RI | Zip 02903 | City Providence | State RI | Zip 02903 |
| 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 Most Reverend Thomas J. Tobin | | | Director Name Rev. Msgr. Albert A. Kenney | | |
| Street Address One Cathedral Square | | | Street Address One Cathedral Square | | |
| City Providence | State RI | Zip 02903 | City Providence | State RI | Zip 02903 |
| Director Name Rev. Timothy D. Reilly | | | Director Name | | |
| Street Address One Cathedral Square | | | Street Address | | |
| City Providence | State RI | Zip 02903 | 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, Receiver or Trustee

File Date _____

Check No _____

By: _____

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FILED

JUN 30 2014

BY 45364

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 Timothy D Reilly 6/27/14
 Signature of Officer Date

Rev. Timothy D. Reilly

Print or Type Name of Officer

Secretary

Title of Officer