



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. 29355		2. Exact name of the Corporation Saint Edward Church of Pawtucket			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Catholic Church Affairs			
5. Principal office address 58 Hancock Street		City Pawtucket	State RI	Zip 02860	
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 (Auxilliary Bishop of Providence)			
Street Address One Cathedral Square		Street Address One Cathedral Square			
City Providence	State RI	Zip 02860	City Providence	State RI	Zip 02860
Secretary Name Theodore S. King		Treasurer Name Mary E. Bray			
Street Address 522 Power Road		Street Address 7 Cooper Street			
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
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 Rev. Mark A. Sauriol		Director Name Theodore S. King -Trustee			
Street Address 103 Pine Street		Street Address 522 Power Road			
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Director Name Mary E. Bray-Trustee		Director Name			
Street Address 7 Cooper Street		Street Address			
City Pawtucket	State RI	Zip 02860	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.					

2014 JUL -3 AM 10:22
 CORPORATION DIV
 STATE

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: _____

FILED

JUL 03 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.

Deacon Charles Patrick Sheehy
 Signature of Officer or Authorized Representative

6/26/14
 Date

FOR SECRETARY OF STATE USE ONLY BY CM 227828

DEACON CHARLES PATRICK SHEEHY
 Print or Type Name of Officer or Authorized Representative