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
59687	**St. Michael's Historical Preservation Trust, Inc.**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	**to renovate, restore and repair St. Michael's Church in Providence and other religious buildings with historic importance**

5. Principal office address	City	State	Zip
239 Oxford Street	**Providence**	**RI**	**02905**

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

President Name	Vice-President Name
Katherine Harrington	**Francis J. Darigan**
Street Address: **239 Oxford Street**	Street Address: **239 Oxford Street**
City: **Providence** State: **RI** Zip: **02905**	City: **Providence** State: **RI** Zip: **02905**
Secretary Name: **Phyllis Araujo**	Treasurer Name:
Street Address: **239 Oxford Street**	Street Address:
City: **Providence** State: **RI** Zip: **02905**	City: State: Zip:

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Katherine Harrington	**Francis J. Darigan**
Street Address: **239 Oxford Street**	Street Address: **239 Oxford Street**
City: **Providence** State: **RI** Zip: **02905**	City: **Providence** State: **RI** Zip: **02905**
Director Name: **Phyllis Araujo**	Director Name:
Street Address: **239 Oxford Street**	Street Address:
City: **Providence** State: **RI** Zip: **02905**	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

2014 JUL -9 PM 2:20 CORPORATIONS DIV.

FILED
JUL 09 2014

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

By 228125 A.A.

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.

Francis J. Darigan, Jr. June 16, 2014
Signature of Officer or Authorized Representative — Date

Francis J. Darigan, Jr.
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014