



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. <u>30203</u>		2. Exact name of the Corporation <u>Saint Maria Goretti Church Corporation</u>			
3. State of Incorporation <u>Rhode Island</u>		4. Brief description of the character of business conducted in Rhode Island <u>Religious</u>			
5. Principal office address <u>1165 Power Road</u>		City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <u>Thomas J. Tobin</u>			Vice-President Name <u>Robert C. Erans</u>		
Street Address <u>One Cathedral Square</u>			Street Address <u>One Cathedral Square</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02903</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02903</u>
Secretary Name <u>Normand J. Godin</u>			Treasurer Name <u>Normand J. Godin</u>		
Street Address <u>351 Branch Avenue</u>			Street Address		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02904</u>	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) <input type="checkbox"/>					
Director Name <u>Normand J. Godin</u>			Director Name <u>Anna Laterra-Belling</u>		
Street Address <u>351 Branch Avenue</u>			Street Address <u>100 Oneida Street</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02904</u>	City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>
Director Name <u>Edward Sneesby</u>			Director Name		
Street Address <u>40A Waterview Drive</u>			Street Address		
City <u>Smithfield</u>	State <u>RI</u>	Zip <u>02917</u>	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

File Date _____
 Check No _____
 By: _____

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.

FILED

Rev. Normand J. Godin 6-30-14
 Signature of Officer or Authorized Representative Date

JUL 21 2014

Rev. Normand J. Godin
 Print or Type Name of Officer or Authorized Representative

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