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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

2014 AUG -1 AM 10:42
SECRETARY OF STATE
CORPORATIONS DIV

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
30361	St. Mary's Church-Crompton, Rhode Island
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	Religious Counseling and services

5. Principal office address	City	State	Zip
70 Church Street	West Warwick	RI	02893

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

President Name	Street Address	City	State	Zip
Most Reverend Thomas J. Tobin, D.D.	One Cathedral Square	Providence	RI	02903

Vice-President Name	Street Address	City	State	Zip
Most Reverand Robert C. Evans, D.D., JCL	One Cathedral Square	Providence	RI	02903

Secretary Name	Street Address	City	State	Zip
Eugene J. Huether, Jr.	1980 New London Tpke	West Warwick	RI	02893

Treasurer Name	Street Address	City	State	Zip
Rev. Douglas J. Spina	70 Church Street	West Warwick	RI	02893

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

Director Name	Street Address	City	State	Zip
Rev. Douglas J. Spina	70 Church Street	West Warwick	RI	02893

Director Name	Street Address	City	State	Zip
Eugene J. Huether, Jr.	1980 New London Tpke	West Warwick	RI	02893

Director Name	Street Address	City	State	Zip
Mary A. DePrete	129 Cowesett Avenue	West Warwick	RI	02893

Director Name	Street Address	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: _____
FOR SECRETARY OF STATE USE ONLY

FILED
AUG 0 8 2014
BY 13909

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.

R. Douglas J. Spina July 30, 2014
Signature of Officer or Authorized Representative Date

Rev. Douglas J. Spina
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
109967-1-976342