



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 2015

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. 31543		2. Exact name of the Corporation St. Pius X Parish Corporation, Westerly			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Roman Catholic Church/Worship and Religious Education			
5. Principal office address 44 Elm Street		City Westerly	State RI	Zip 02891	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Most Reverend Thomas J. Tobin			Vice-President Name Most Reverend Robert C. Evans		
Street Address One Cathedral Square			Street Address One Cathedral Square		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Alcino G. Almeida			Treasurer Name Reverend Raymond N. Suriani		
Street Address 3 Chickadee Lane			Street Address 44 Elm Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
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 Reverend Raymond N. Suriani (Pastor)			Director Name Alma M. Rhodes		
Street Address 44 Elm Street			Street Address 18 Arlington Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name Alcino G. Almeida			Director Name		
Street Address 3 Chickadee Lane			Street Address		
City Westerly	State RI	Zip 02891	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

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

Raymond N. Suriani

04/28/2015

Signature of Officer or Authorized Representative

Date

Rev. Raymond N. Suriani

Print or Type Name of Officer or Authorized Representative

MAY 01 2015
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