



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. 30893		2. Exact name of the Corporation SS. John and Paul Parish Corporation			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Roman Catholic Church			
5. Principal office address 341 South Main Street		City Coventry	State RI	Zip 02816	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) (SEE INSTRUCTIONS FOR ATTACHMENT) <input type="checkbox"/>					
President Name Most Rev. Thomas J. Tobin			Vice-President Name Most Rev. 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 Ralph Lawrence			Treasurer Name Very Rev. Paul R. Grenon		
Street Address 90 Wood Cove Rd.			Street Address 341 So. Main Street		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (SEE INSTRUCTIONS FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Very Rev. Paul R. Grenon			Director Name Ralph Lawrence		
Street Address 341 So. Main Street			Street Address 90 Wood Cove Rd.		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Director Name James McArdle			Director Name NONE		
Street Address 3438 Flat River Rd.			Street Address		
City Coventry	State RI	Zip 02816	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 *Very Rev. Paul R. Grenon* Apr. 28, 2015
 Signature of Officer or Authorized Representative Date

MAY 01 2015

Very Rev. Paul R. Grenon

Print or Type Name of Officer or Authorized Representative

BY *YLL 19558*