



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

2015

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 30107		2. Exact name of the Corporation Saint Joan's Church, Cumberland, Rhode Island			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Religious, Charitable, and Educational Activities			
5. Principal office address 3357 Mendon Road		City Cumberland		State RI	Zip 02864
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name (Bishop of Providence) 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 Rev. Norman W. Bourdon			Treasurer Name Rev. Norman W. Bourdon		
Street Address 3357 Mendon Road			Street Address 3357 Mendon Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Rev. Norman W. Bourdon			Director Name Ann Marie Bartley		
Street Address 3357 Mendon Road			Street Address 56 Rolling Acres Drive		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Director Name Arthur Chianese			Director Name None		
Street Address 2970 Mendon Road Apt 32			Street Address None		
City Cumberland	State RI	Zip 02864	City None	State None	Zip None
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

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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.

Norman W. Bourdon 5/1/15
Signature of Officer or Authorized Representative Date

Rev. Norman W. Bourdon

Print or Type Name of Officer or Authorized Representative