

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS OfAce 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 $_{\mathcal{AO}15}$

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		TARREST TOTAL TOTA	nman.	7.7.	
53912			Church, Con	imici	+	
3. State of Incorporation	4. Brief description	n of the character of be	usiness conducted in Rhode Island			
5. Principal of Ace address	Non-Pro	fit Cartnol Works of	Church/Spiritures St Benedict Company	al & C	hourtable	
135 Beach Arc			Warwick	State	Zip ().4726	
B. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)						
The Most Reveren			Vice-President Name The Most Research	Robert	C. Evens	
Street Address One Cathedral State State Zin			Street Address One Cathedral Equare City: State Zin			
	State	02°103	Providence	State	2ip 02903	
Rev Roland L. Simoncai			Treasurer Name Rel Roland Simonau			
Street Address 135 Beach Ave			Street Address 135 Brach H			
	State	2ip 02881	City	State	Zip 02867	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT)						
Director Name Nancy Enos,	Trustee		Director Name Eusene McCa	eff rea	Imstee	
Street Address 58 Xvilla	Are		Street Address HO Westonia	 Ln.		
"Na Journal &	RI RI	Zip OFTT	Varwick	State	D0889	
Rev. Roland Simoneau			Director Name Rev. Roland Simoneau			
135 Brach	Aic		Street Address 135 Beach	Ave		
	State Z.T.	D2840		State_	18860	
CREGISTERED AGEN IN RHODE IS AND						
This information is currently of record in the Ofâce of the Secretary of State. Changes require Aling Form 641.						
his report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver						

IPTRINSIGRATS TO THE RESIDENCE OF THE PROPERTY			
	Under penalty of perjury, I declare and afArm that I have examined this report, including any accompanying schedules and statements,		
Check No.	and that all statements contained herein are true and correct.		
FILED	Ser John Symone 5/1/2015		
FOR SECRETARY OF STATE USE ONLY MAY 0 4 2015	Signature of OfAcer or Authorized Representative Date		
	Rev Roland L. Simoneau		
Form No. 631 Revised: 04/2014 BY	Print or Type Name of OfAcer or Authorized Representative		