



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. 30858		2. Exact name of the Corporation Corporation of the Church of the Holy Cross			
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 18 King Philip Street		City Providence		State RI	Zip 02909
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Most Rev. Thomas J. Tobin		Vice-President Name Rev. Robert C. Evans (Auxiliary Bishop)			
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. Robert L. Bailey		Treasurer Name Rev. Robert L. Bailey			
Street Address 18 King Philip Street		Street Address 18 King Philip Street			
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
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 Frank DeSimone		Director Name Alfred DeAngelis			
Street Address 11 Neutaconkanut Drive		Street Address 4 Maribeth Drive			
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Director Name Rev. Robert L. Bailey		Director Name NONE			
Street Address 18 King Philip Street		Street Address			
City Providence	State RI	Zip 02909	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

FILED

MAY 04 2015

File Date _____

Check No. **BY 8398**

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.

Rev. Robert L. Bailey 4/27/15
Signature of Officer or Authorized Representative Date

Rev. Robert L. Bailey

Print or Type Name of Officer or Authorized Representative