



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. 30847		2. Exact name of the Corporation SAINT ROCCO CHURCH OF JOHNSTON			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island CATHOLIC CHURCH			
5. Principal office address 927 ATWOOD AVENUE		City JOHNSTON		State RI	Zip 02919
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name THOMAS J. TOBIN (BISHOP OF PROVIDENCE)			Vice-President Name ROBERT C. EVANS (AUXILIARY BISHOP OF PROVIDENCE)		
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. ANGELO N. CARUSI			Treasurer Name REV. ANGELO N. CARUSI		
Street Address 927 ATWOOD AVENUE			Street Address 927 ATWOOD AVENUE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
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 ANTHONY VALENTE			Director Name JOHN RICCI		
Street Address 301 ALPINE ESTATES DRIVE			Street Address 15 WINFIELD ROAD		
City CRANSTON	State RI	Zip 02920	City JOHNSTON	State RI	Zip 02919
Director Name REV. ANGELO N. CARUSI			Director Name NONE		
Street Address 927 ATWOOD AVENUE			Street Address 		
City JOHNSTON	State RI	Zip 02919	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

12510

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.

Signature of Officer or Authorized Representative

Date

REV. ANGELO N. CARUSI

Print or Type Name of Officer or Authorized Representative