



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.<br><br>30847   |                 | 2. Exact name of the Corporation<br><br>SAINT ROCCO CHURCH OF JOHNSTON                             |   |                  |                  |
| 3. State of Incorporation<br><br>RI   |                 | 4. Brief description of the character of business conducted in Rhode Island<br><br>CATHOLIC CHURCH |   |                  |                  |
| 5. Principal office address<br><br>927 ATWOOD AVENUE  |                 | City<br><br>JOHNSTON   | State<br><br>RI   | Zip<br><br>02919 |                  |
| 6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |                 |  |   |                  |                  |
| President Name<br><br>THOMAS J. TOBIN (BISHOP OF PROVIDENCE)  |                 |  | Vice-President Name<br><br>ROBERT C. EVANS (AUXILIARY BISHOP OF PROVIDENCE) |                  |                  |
| Street Address<br><br>ONE CATHEDRAL SQUARE  |                 |  | Street Address<br><br>ONE CATHEDRAL SQUARE                                  |                  |                  |
| City<br><br>PROVIDENCE  | State<br><br>RI | Zip<br><br>02903   | City<br><br>PROVIDENCE  | State<br><br>RI  | Zip<br><br>02903 |
| Secretary Name<br><br>REV. ANGELO N. CARUSI   |                 |  | Treasurer Name<br><br>REV. ANGELO N. CARUSI                                 |                  |                  |
| Street Address<br><br>927 ATWOOD AVENUE   |                 |  | Street Address<br><br>927 ATWOOD AVENUE                                     |                  |                  |
| City<br><br>JOHNSTON  | State<br><br>RI | Zip<br><br>02919   | City<br><br>JOHNSTON  | State<br><br>RI  | Zip<br><br>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<br><br>ANTHONY VALENTE  |                 |  | Director Name<br><br>JOHN RICCI   |                  |                  |
| Street Address<br><br>301 ALPINE ESTATES DRIVE  |                 |  | Street Address<br><br>15 WINFIELD ROAD                                      |                  |                  |
| City<br><br>CRANSTON  | State<br><br>RI | Zip<br><br>02920   | City<br><br>JOHNSTON  | State<br><br>RI  | Zip<br><br>02919 |
| Director Name<br><br>REV. ANGELO N. CARUSI  |                 |  | Director Name<br><br>NONE   |                  |                  |
| Street Address<br><br>927 ATWOOD AVENUE   |                 |  | Street Address<br><br>  |                  |                  |
| City<br><br>JOHNSTON  | State<br><br>RI | Zip<br><br>02919   | City<br><br>  | State<br><br>    | Zip<br><br>      |
| 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

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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.

Signature of Officer or Authorized Representative

Date

REV. ANGELO N. CARUSI

Print or Type Name of Officer or Authorized Representative