



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. 30831		2. Exact name of the Corporation Saint Pius Church, Providence, Rhode Island			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Catholic Church			
5. Principal office address 55 Elmhurst Ave.			City Providence	State RI	Zip 02908
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name The Most Rev. Thomas J. Tobin, Bishop of Providence			Vice-President Name Most. 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. Augustine Judd, O.P., Pastor			Treasurer Name Rev. Augustine Judd, O.P., Pastor		
Street Address 55 Elmhurst Ave.			Street Address 55 Elmhurst Ave.		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
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 Rev. Augustine Judd, O.P., Pastoe			Director Name John O'Rourke, Trustee		
Street Address 55 Elmhurst Ave.			Street Address 216 Jastram St.		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Director Name William Bastan, Trustee			Director Name		
Street Address 46 Lyndhurst Ave.			Street Address		
City Providence	State RI	Zip 02908	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

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
MAY 04 2015

BY 18693

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. Augustine Judd
 Signature of Officer or Authorized Representative Date 4/29/15

Rev. Augustine Judd, O.P., Pastor
 Print or Type Name of Officer or Authorized Representative