



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. 30844		2. Exact name of the Corporation ST. ROBERT BELLARMINE CHURCH CORP.			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island RELIGIOUS			
5. Principal office address 1804 ATWOOD AVENUE		City JOHNSTON	State RI	Zip 02919	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name MOST REV. THOMAS J. TOBIN			Vice-President Name MOST REV. ROBERT EVANS		
Street Address ONE CATHEDRAL SQUARE			Street Address ONE CATHEDRAL SQUARE		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
Secretary Name WILLIAM NERO			Treasurer Name REV. JOHN LAPOINTE		
Street Address 1859 ATWOOD AVENUE			Street Address 1804 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 REV. JOHN LAPOINTE			Director Name WILLIAM NERO		
Street Address 1804 ATWOOD AVENUE			Street Address 1859 ATWOOD AVENUE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Director Name GLORIA GARDNER			Director Name		
Street Address 8 WINSOR AVENUE			Street Address		
City GREENVILLE	State RI	Zip 02828	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
 By: 249136

FILED

MAY 18 2015

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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.

(Rev.) John LaPointe

15 MAY 2015

Signature of Officer or Authorized Representative

Date

REV. JOHN LAPOINTE

Print or Type Name of Officer or Authorized Representative