

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.

1. Entity ID No.	2. Exact na	2. Exact name of the Corporation					
30844	ST. ROE	ST. ROBERT BELLARMINE CHURCH CORP.					
3. State of Incorporation		Brief description of the character of business conducted in Rhode Island RELIGIOUS					
RHODE ISLAND	RELIGIC	703					
. Principal office address		· · · · · · · · · · · · · · · · · · ·	City	State	Zip 02919		
LIST ALL OFFICERS	(NAMES AND ADD	RESSES) (FX: BOX#			1		
resident Name			Vice-President Name MOST REV. ROBERT EVANS				
MOST REV. THOM	AS J. TOBIN						
reet Address			Street Address				
ONE CATHEDRAL	SQUARE		ONE CATHEDRAL SQUARE				
City	State	Zip	City	State	Zip		
ROVIDENCE	RI	02903	PROVIDENCE	RI	02903		
ecretary Name			Treasurer Name REV. JOHN LAPOINTE		<u> </u>		
VILLIAM NERO							
treet Address			Street Address				
859 ATWOOD AVE	ENUE		1804 ATWOOD AVENUE				
city	State	Zip	City	State	Zip		
OHNSTON	RI	02919	JOHNSTON	RI	02919		
("X" BOX FOR ATTAC	S (NAMES AND ADD HMENT)	DRESSES), RHODE IS	SLAND CORPORATIONS MUST L	ist no less than	THREE (3) DIRECT		
irector Name			Director Name				
EV. JOHN LAPOIN	NTE		WILLIAM NERO				
treet Address		·	Street Address				
804 ATWOOD AVE	NUE		1859 ATWOOD AVEN	IUE			
ity	State	Zip	City	State	Zip		
OHNSTON	RI	02919	JOHNSTON	RI	02919		
irector Name LORIA GARDNER			Director Name				
reet Address			Street Address				
WINSOR AVENUE							
ity	State	Zip	City	State	Zip		
REENVILLE	RI	02828					
REGISTERED AGENT							
			ary of State. Changes require filin				
s report must be signed	by either the Preside	ent, Vice-President, Se	cretary, Assistant Secretary, Treasu	rer, duly Authorized F	Representative, Rece		
Trustee							

File Date	FILED	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.		
Check No	MAY 18 2015	(Rev.) John La Point & Signature of Officer or Authorized Representative	15 MAY 201	
FOR SECRETARY OF STATE USE ONLY By Form No. 631 Revised: 04/2014	249136 KW	Print or Type Name of Officer or Authorized Represen	ntative	

Revised: 04/2014