



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. 28274		2. Exact name of the Corporation MARY, MOTHER OF MANKIND CHURCH CORPORATION			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island ROMAN CATHOLIC CHURCH			
5. Principal office address 25 FOURTH STREET		City NORTH PROVIDENCE		State RI	Zip 02911
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name THE MOST REVEREND THOMAS J. TOBIN		Vice-President Name THE MOST REVEREND ROBERT C. 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 REVEREND JOSEPH A. PESCATELLO		Treasurer Name REVEREND JOSEPH A. PESCATELLO			
Street Address 25 FOURTH STREET		Street Address 25 FOURTH STREET			
City NORTH PROVIDENCE	State RI	Zip 02911	City NORTH PROVIDENCE	State RI	Zip 02911
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name REVEREND JOSEPH A. PESCATELLO		Director Name MR. VALENTINO LOMBARDI			
Street Address 25 FOURTH STREET		Street Address 11 STEPHANIE DRIVE			
City NORTH PROVIDENCE	State RI	Zip 02911	City NORTH PROVIDENCE	State RI	Zip 02904
Director Name MRS. NANCY RICCITELLI		Director Name NONE			
Street Address 39 JACKSONIA DRIVE		Street Address NONE			
City NORTH PROVIDENCE	State RI	Zip 02911	City NONE	State NONE	Zip NONE
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 20 2015

File Date _____

Check No _____

By: _____

BY 18187

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.

Joseph A. Pescatello
Signature of Officer or Authorized Representative

5/15/ 2015

Date

(REV.) JOSEPH A. PESCATELLO

Print or Type Name of Officer or Authorized Representative