



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. 29222		2. Exact name of the Corporation Church of St. Teresa of the Child Jesus			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island: Church			
5. Principal office address 358 Newport Avenue		City Pawtucket	State RI	Zip 02861	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Thomas J. Tobin (Bishop of Providence)			Vice-President Name Robert C. Evans (Auxiliary Bishop of Providence)		
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. David G. Thurber Jr.			Treasurer Name Rev. David G. Thurber Jr.		
Street Address 358 Newport Avenue			Street Address 358 Newport Avenue		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
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 Phyllis Flanagan			Director Name Rev. David G. Thurber Jr.		
Street Address 66 Mt. Vernon Blvd.			Street Address 358 Newport Avenue		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Director Name Donald Sousa			Director Name		
Street Address 25 Lonesome Pine Road			Street Address		
City Cumberland	State RI	Zip 02864	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.

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.

File Date _____

Check No _____

By: _____ **BY** _____

JUN 04 2015

24435

Rev. David G. Thurber Jr. 6-1-15
 Signature of Officer or Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY

Rev. David G. Thurber Jr.

Print or Type Name of Officer or Authorized Representative