



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015**

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 29192		2. Name of Corporation USE LEGAL CORPORATION NAME (FULL NAME) Church of St. Maron in Providence	
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address USE PARISH RECTORY ADDRESS 35 Play St.	
		City Providence	Zip 02903
5. Foreign corporation. Enter principal office address		City	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
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	City Providence	Zip 02903
Secretary Name PASTOR OR OTHER NAME Glorisse Silveira		Treasurer Name PASTOR'S NAME Aclimdo A. Amaro	
Street Address 3 Edendale Ave.		Street Address 35 Play St.	
City Providence	State RI	City Providence	Zip 02903
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name PASTOR'S NAME Aclimdo A. Amaro		Director Name TRUSTEE'S NAME Quintino da Silveira	
Street Address 35 Play St.		Street Address 3 Edendale Ave.	
City Providence	State RI	City Providence	Zip 02903
Director Name TRUSTEE'S NAME Ideal Couto		Director Name	
Street Address 285 High St.		Street Address	
City Providence	State RI	City	Zip
9. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78			

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

JUN 04 2015

File Date _____	BY _____
Check No. _____	
By: _____	
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.

Aclimdo A. Amaro 06/03/15  
Signature of Officer Date

ARLIMDO A. AMARO  
Print or Type Name of Officer

Treasurer  
Title of Officer