

## 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

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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.	2. Exact name	of the Corporation	· · · · · · · · · · · · · · · · · · ·			
		•	•			
30889	ST	William	CHURCH CORP	ORATIA	N	
3. State of Incorporation	4. Brief descrip	tion of the character of b	usiness conducted in Rhode Island			
RT	Rom	au Cotus	Lie CHURCH			
5. Principal office address	1 / 10/1	AN CHIMO	Lie CHURCH	State	Zip	
200 PETTAC	ONSETT		WARWICK	RI	02888	
6. LIST ALL OFFICERS (NAME	S AND ADDRES	SSES) ("X" BOX FOR A				
President Name			Vice-President Name			
Street Address			ROBERT C. EVANS (AUXILIARY BISHOP)			
Commence Commence			ONE CATHEDRAL SQUARE			
City ONE CATHED	State	Zip	City	State	Zip	
TRIVIDENCE	RI	02903	PROVIDENCE	RI	02903	
Secretary Name				Treasurer Name		
MARY G'BBONS			REV. TRANK S. SALMANI			
Street Address		. Company	Street Address		4.1	
138 //)ASSAS	State	Zip	City ,	State	ZID	
WARWICK	RI	02888	WARWICK	RI	02888	
			D CORPORATIONS MUST LIST N	L		
("X" BOX FOR ATTACHMEN	m) 🗆					
Director-Name			Director Name	$\circ$		
TRUSTEE: MARY GIBBONS			AUDITOR: OSEPH ROCCHIO			
Street Address	a a ·	Daine		Design		
138 MASS6	State     State	)RÎVE  Zip	City 78 TURITAN	DR VE State	Zip	
WARWICK	RI	02888	WARNICK	RI	02888	
Director Name	, , , ,		Director Name			
TRUSTEE: LAWRENCE EGAN			AUDITOR: DAMES ALL DREDGE			
Street Address			Street Address			
11 BRANCH	∫ ( A ⊅	Zip	City 74 SHIRLEY	STREET State	Zip	
City	State RT	02888	L) ARWICK	RI	02888	
8. REGISTERED AGENT IN RH	1 / 1	1 0200	1 WITTUICK	1 /2	1 94	
This information is currently o		office of the Sicretary	f State. Changes require filing Fo	rm 641.		
This report must be signed by eith	her the President	, Vice-Peside 1. ecet	ry, Assistant Secretary, Treasurer, d		epresentative, Receiver	
or Trustee						
		JUN 0 8 201	5			
	<b>-</b>	_	Under penalty of perjury, I de			
File Date	BY <u>.</u>	2658	this report, including any acc and that all statements conta			
Check No	· <del>-</del>		All Dial an Statements Conta		and and contoon	
VIICUN INU			Now Yearsh	St. steel	Man 6/5/2	
By:	· · · · · · · · · · · · · · · · · · ·		Signature of Officer or Authorize	ed Representative	e Date	
FOR SECRETARY OF STATE	USE ONLY			ζ,		
			REV. FRANK S. Print or Type Name of Officer o	SAL MAII	PASTOR	
Form No. 631			Print or Type Name of Officer o	r Authorized Rep	resentative	
Revised: 04/2014			••	•		