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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.	2. Exact name of the Corporation
29129	Church of Our Lady of the Rosary
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
Rhode Island	Providing services and assistance to the Portuguese Immigrant Community

5. Principal office address	City	State	Zip
463 Benefit Street	Providence	RI	02903

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Thomas J. Tobin (Bishop of Providence)	One Cathedral Square	Providence	RI	02903

Vice-President Name	Street Address	City	State	Zip
Robert C. Evans (Auxiliary Bishop of Providence)	One Cathedral Square	Providence	RI	02903

Secretary Name	Street Address	City	State	Zip
Maria C. Medeiros	68 Cushman Avenue	East Providence	RI	02914

Treasurer Name	Street Address	City	State	Zip
Rev. Joseph A. Escobar	463 Benefit Street	Providence	RI	02903

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Rev. Joseph A. Escobar	463 Benefit Street	Providence	RI	02903

Director Name	Street Address	City	State	Zip
Mr. Jose A. Medeiros	51 Angell Drive	East Providence	RI	02914

Director Name	Street Address	City	State	Zip
Mr. Ramiro Mendes	23 Josephine Avenue	Rumford	RI	02916

Director Name	Street Address	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
JUN 08 2015
BY 208600

File Date _____
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.

Rev. Joseph A. Escobar — 6/5/15
Signature of Officer or Authorized Representative — Date

Rev. Joseph A. Escobar
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
121684-59-948990