

## 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 na	2. Exact name of the Corporation				
30094	Saint James Church of Arctic  4. Brief description of the character of business conducted in Rhode Island Religious					
3. State of Incorporation						
RI						
5. Principal office address 20 Washington St			City West Warwick	State RI	Zip <b>02893</b>	
	and the second	ter was the losses				
President Name		· · · · · · · · · · · · · · · · · · ·	Vice-President Name		<u> </u>	
Most. Rev. Thomas J. Tobin			Most Rev. Robert C. Evans			
Street Address			Street Address			
One Cathedral Square			One Cathedral Square			
City	State	Zip	City	State	Zip	
Providence	RI	02903	Providence	RI	02903	
Secretary Name			Treasurer Name		<u></u>	
Rev. Eddy E. Lopez-Bolanos			Rev. Eddy E. Lopez-Bolanos			
Street Address			Street Address			
0 Washington St		20 Washington St				
City	State	Zip	City	State	Zip	
West Warwick	RI	02893	West Warwick	Ri	02893	
	processing the second control of the second					
Director Name			Director Name			
Rev. Eddy E. Lopez-Bolanos			Thomas Noel			
Street Address			Street Address			
20 Washington St			6 Ray St			
City	State	Zip	City	State	Zip	
West Warwick	RI	02893	Coventry	RI	02816	
Director Name			Director Name			
lean Tellier Street Address	-·					
offeet Address  114 Acres of Pine Road			Street Address			
City	State	Zip	City	State	Zip	
Coventry	RI	02816	Identification and the state of			
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nis information is currenti	y of record in the	Office of the Secret	ary of State. Changes require filing	g Form 641.		
is report must be signed by	either the Preside	ent Vice-President Sa	cretary Assistant Secretary Treasur	or duly Authorized		

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



Form No. 631 Revised: 04/2014 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.

Signature of Officer or Authorized Representative

Rev. Eddy E. Lopez-Bolanos

Print or Type Name of Officer or Authorized Representative

BY 10939