



**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. <b>30116</b>		2. Exact name of the Corporation <b>SS John &amp; James Parish</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>Roman Catholic Church</b>			
5. Principal office address <b>20 Washington St</b>		City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	
President Name <b>Most. Rev. Thomas J. Tobin</b>		Vice-President Name <b>Most Rev. Robert C. Evans</b>			
Street Address <b>One Cathedral Square</b>		Street Address <b>One Cathedral Square</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
Secretary Name <b>Rev. Eddy E. Lopez-Bolanos</b>		Treasurer Name <b>Rev. Eddy E. Lopez-Bolanos</b>			
Street Address <b>20 Washington St</b>		Street Address <b>20 Washington St</b>			
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
Director Name <b>Rev. Eddy E. Lopez-Bolanos</b>		Director Name <b>Thomas Noel</b>			
Street Address <b>20 Washington St</b>		Street Address <b>6 Ray St</b>			
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>
Director Name <b>Jean Tellier</b>		Director Name			
Street Address <b>114 Arces of Pine Road</b>		Street Address			
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	City	State	Zip

**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*



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. Eddy E. Lopez-Bolanos 6/17/15*  
 Signature of Officer or Authorized Representative Date

**Rev. Eddy E. Lopez-Bolanos**

Print or Type Name of Officer or Authorized Representative

JUN 19 2015

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