



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. 30822		2. Exact name of the Corporation ST. PETER'S CHURCH, WARWICK, RHODE ISLAND			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island ROMAN CATHOLIC CHURCH/PARISH			
5. Principal office address 350 FAIR STREET			City WARWICK	State RI	Zip 02888
INSTALL AN ADDITIONAL ADDRESS FOR REPORT ATTACHMENT <input type="checkbox"/>					
President Name THOMAS J. TOBIN (BISHOP OF PROVIDENCE)			Vice-President Name ROBERT C. EVANS (AUXILIARY BISHOP OF PROV.)		
Street Address ONE CATHEDRAL SQUARE			Street Address ONE CATHEDRAL SQUARE		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
Secretary Name Charlene A. Schreiber			Treasurer Name Reverend Roger C. Gagne', Pastor		
Street Address 81 Sunset Terrace			Street Address 350 Fair Street		
City Cranston	State RI	Zip 02905	City Warwick	State RI	Zip 02888
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Reverend Roger C. Gagne', Pastor/Treasurer			Director Name John T. Madden, Trustee		
Street Address 350 Fair Street			Street Address 34 Longwood Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Director Name Flora M. Hainey, Trustee			Director Name		
Street Address 131 Sweetfern Road			Street Address		
City Warwick	State RI	Zip 02888	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

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.

FILED

JUL 09 2015

BY 2991

Roger C. Gagne'
 Signature of Officer or Authorized Representative
 Date **06-26-15**
Reverend Roger C. Gagne', Pastor
 Print or Type Name of Officer or Authorized Representative