



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. 53913		2. Exact name of the Corporation SAINT AUGUSTIN'S CHURCH OF NEWPORT			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Religious and Education			
5. Principal office address 2 Eastnor Road		City Newport	State RI	Zip 02840	
6. LIST ALL OFFICERS (NAME) <input type="checkbox"/>					
President Name Thomas J. Tobin (Bishop of Providence)			Vice-President Name Robert C. Evans (Auxiliary Bishop of Providence)		
Street Address One Cathedral Square			Street Address One Cathedral Square		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 002903
Secretary Name John McNulty (Pastor)			Treasurer Name John McNulty (Pastor)		
Street Address 2 Eastnor Road			Street Address 2 Eastnor Road		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
7. LIST ALL DIRECTORS (NAME) <input type="checkbox"/>					
Director Name John McNulty			Director Name Mary Hayes		
Street Address 2 Eastnor Road			Street Address 61 Ruggles Avenue		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Director Name James Mahoney			Director Name		
Street Address 47 McCormick Road			Street Address		
City Newport	State RI	Zip 02840	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

FILED
 JUL 07 2015
 30956

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. John McNulty 6-17-2015
 Signature of Officer or Authorized Representative Date

REV. JOHN McNULTY
 Print or Type Name of Officer or Authorized Representative