

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	ame of the Corporation	- 0				
29086		Church of Our Lady of Loreto East Prividence 346 WATERMAN AVENUE EAST PROVIDENCE AT					
3. State of Incorporation	4 Priof dos	original of the above	er of business conducted in Rhode I		10 1	<u> </u>	
o. clate of incorporation		Catholic Church	er of business conducted in Knode i	siand			
Rhode Island	- Komun						
5. Principal office address 346 Waterman Avenue			City E Providence	State RI	Zip 02914		
		######################################			-		
President Name		3 to 2 to	Vice-President Name				
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	• • •			
Rev. Dean P. Perri			Rev. Dean P. Perri				
Street Address	· ·		Street Address				
346 Waterman Avenue			346 Waterman Avenue				
City	State	Zip	City	State	Zip		
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e (stante en jagen per j	RIMERS)						
Director Name			Director Name				
Joseph C. Prisco (T	rustee)		Stephen J. Capineri (Trustee)			
Street Address 301 Warten Avenue			Street Address				
			6 Sutcliffe Circle		<u> </u>		
City E Providence	State	Zip	City	State	Zip		
Director Name	RI	02914	Rumford	RI	02916		
Most. Rev. Thomas	I Tobin		Director Name	P	2015	വന് യാത	
Street Address	J. 100HI		Most Rev. Robert C.	Evans		T: 73	
One Cathedral Squa) FO		Street Address	_	三		
City	State	17:-	One Cathedral Squar			<u> </u>	
Providence	RI	Zip 02903	City Providence	State	Zip	<u> </u>	
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riis report must be signed ir Trustee	uy either the Preside	ent, Vice-President, Se	cretary, Assistant Secretary, Treasu	rer, duly Authorized i	Representative,	Receiver	

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 hereingere true and correct.

JUL 07 2015

Signature of Officer or Authorized Representative

Date

REV. DEAN P. PERRI ST Y TRANSIDA

Print or Type Name of Officer or Authorized Representative

Form No. 631 Revised: 04/2014