



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. 29099		2. Exact name of the Corporation CHURCH OF OUR LADY OF VICTORY ASHAWAY	
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island ROMAN CATHOLIC CHURCH NON-PROFIT CORPORATION	
5. Principal office address 169 MAIN STREET		City ASHAWAY	State RI
		Zip 02804	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name MOST REVEREND THOMAS J. TOPEN		Vice President Name MOST REVEREND ROBERT C. EVANS	
Street Address ONE CATHEDRAL SQUARE		Street Address ONE CATHEDRAL SQUARE	
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE
			State RI
			Zip 02903
Secretary Name REV. FARRELL EDWARD McLAUGHLIN		Treasurer Name REV. FARRELL EDWARD McLAUGHLIN	
Street Address 7 CHURCH ST. P.O. BOX 277		Street Address 7 CHURCH STREET P.O. BOX 277	
City BRADFORD	State RI	Zip 02808	City BRADFORD
			State RI
			Zip 02808
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 MR. MICHAEL MALVINI		Director Name MRS. GERALDINE CUNNINGHAM	
Street Address 138 DIAMOND HILL RD		Street Address 92 COLLINS ROAD	
City ASHAWAY	State RI	Zip 02804	City ASHAWAY
			State RI
			Zip 02804
Director Name MRS. LINDA PRIZITO		Director Name MR. THOMAS BERGEN	
Street Address 1 RAIN TREE LANE		Street Address 22 NORTH DRIVE	
City ASHAWAY	State RI	Zip 02804	City ASHAWAY
			State RI
			Zip 02804
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 _____

FILED

Check No _____

JUL 08 2015

By: _____

BY 14987

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.

Rev. Farrell E. McLaughlin 06/30/2015
 Signature of Officer or Authorized Representative Date

FARRELL E. McLAUGHLIN

Print or Type Name of Officer or Authorized Representative