



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. 30886		2. Exact name of the Corporation ST. VINCENT'S CHURCH CORPORATION BRADFORD			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island ROMAN CATHOLIC CHURCH NON-PROFIT CORP.			
5. Principal office address 7 CHURCH ST. PO BOX 277		City BRADFORD	State RI	Zip 02808	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name MOST REVEREND THOMAS J. OBEN			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 ST. 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. HAROLD BEAL			Director Name MS. LOIS ANTOCH		
Street Address 23 SHERWOOD DRIVE			Street Address P.O. BOX 1365		
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
Director Name MRS. THERESA WRIGHT			Director Name MR. RAYMOND CAPALBO		
Street Address 240 BRADFORD ROAD			Street Address 527 KLONDIKE ROAD		
City BRADFORD	State RI	Zip 02808	City CHARLESTOWN	State RI	Zip 02813
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: _____

FILED

JUL 08 2015

FOR SECRETARY OF STATE USE ONLY

BY 201496

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.

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