



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. 30229		2. Exact name of the Corporation St Kevins Church Corporation			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Church			
5. Principal office address 333 Sandy Lane		City Warwick	State RI	Zip 02889	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Thomas J Tobin			Vice-President Name Robert Evans		
Street Address 1 Cathedral Square			Street Address 1 Cathedral Square		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Robert L. Marciano			Treasurer Name Robert L. Marciano		
Street Address 333 Sandy Lane			Street Address 333 Sandy Lane		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
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 Robert L. Marciano			Director Name Peter McGinn		
Street Address 333 Sandy Lane			Street Address 46 Catherine Court		
City Warwick,	State RI	Zip 02889	City Warwick	State RI	Zip 02889
Director Name Judith O'Neil			Director Name NONE		
Street Address 22 Surf Avenue			Street Address		
City Warwick	State RI	Zip 02889	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

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.

Robert L. Marciano **1-18-2016**
 Signature of Officer or Authorized Representative Date

Robert L. Marciano
 Print or Type Name of Officer or Authorized Representative

File Date _____

Check No _____

By: _____

FILED

JAN 19 2016

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By 265603

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