



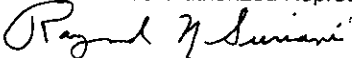
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
31543		St. Pius X Parish Corporation, Westerly			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
Rhode Island		Roman Catholic Church/Worship and Religious Education			
5. Principal Office Address		City	State	Zip	
44 Elm Street		Westerly	RI	02891	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Most Reverend Thomas J. Tobin			Vice-President Name Most Reverend Robert C. Evans		
Street Address One Cathedral Square			Street Address One Cathedral Square		
City Providence	State RI	Zip 02891	City Providence	State RI	Zip 02891
Secretary Name Alcino G. Almeida			Treasurer Name Reverend Raymond N. Suriani (Pastor)		
Street Address 3 Chickadee Lane			Street Address 44 Elm Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Reverend Raymond N. Suriani (Pastor)			Director Name Alma M. Rhodes		
Street Address 44 Elm Street			Street Address 18 Arlington Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name Alcino G. Almeida			Director Name NONE		
Street Address 3 Chickadee Lane			Street Address NONE		
City Westerly	State RI	Zip 02891	City NONE	State NONE	Zip NONE
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Reverend Raymond N. Suriani				Date May 12, 2016	
Signature of Officer/Authorized Representative  SIGN DOCUMENT HERE					

FILED

MAY 16 2016

BY 16186 AS