



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 26456		2. Exact name of the Corporation Holy Angel's Church Corporation			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Church Affairs			
5. Principal Office Address 341 Maple Avenue		City Barrington	State RI	Zip 02806	
6. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name Thomas J. Tobin (Bishop of Providence)		Vice-President Name Robert C. Evans (Auxiliary Bishop)			
Street Address One Cathedral Square		Street Address One Cathedral Square			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Raymond J. Ferrick (Pastor)		Treasurer Name Raymond J. Ferrick (Pastor)			
Street Address 341 Maple Avenue		Street Address 341 Maple Avenue			
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
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 Raymond J. Ferrick (Pastor)		Director Name Peter DeAngelis (Trustee)			
Street Address 341 Maple Avenue		Street Address 127 Church Street			
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Director Name Nicholas Alteri (Trustee)		Director Name			
Street Address 75 Highland Avenue		Street Address			
City Barrington	State RI	Zip 02806	City	State	Zip
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative Raymond J. Ferrick, Pastor/Secretary/Treasurer				Date 14 May 2016	
Signature of Officer/Authorized Representative <i>Raymond J. Ferrick</i>					

FILED

MAY 16 2016