

## 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

HOPE	·		•		
<b>Non-Profit Corporation</b>	<b>Annual Rep</b>	ort for the	year: 2016		
Filing period: June 1 - June 30					
	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				
30323	St Martin's Parish				
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island				
Rhode Island	religious or	ganization			
5. Principal Office Address			City	State	Zip
50 Orchard Avenue			Providence	RI	02906
6. List ALL officers (names and a	addresses)		Check the box to indicate an attachment 🗸		
President Name Sean Mulholland			Vice-President Name John Bracken		
Street Address 346 Rochambeau Avenue			Street Address 2 Colley Court		
City Providence	State RI	<sup>Zip</sup> 02906	City Barrington	State RI	<sup>Zip</sup> 02806
Secretary Name Jennifer Potter			Treasurer Name Sarosh Fenn		
Street Address 570 Central Street			Street Address 4 Azalea Drive		
City Mapleville	State RI	<sup>Zip</sup> 02839	City Cranston	State RI	<sup>Zip</sup> 02921
7. List ALL directors (names and	addresses). RI (	Corporations ML			e an attachment
Director Name Susan Allen			Check the box to indicate an attachment Director Name Helen Anthony		
			Charact Address		
Street Address 44 Oriole Avenue			Street Address 654 Angell Street		
City Providence	State RI	<sup>Zip</sup> 02906	City Providence	State RI	<sup>Zip</sup> 02906
Director Name Joseleyne Slade			Director Name Laura Bartsch		
Street Address 276 Benefit Street			Street Address 81 Irving Avenue		
City Providence	State RI	<sup>Zip</sup> 02903	City Providence	State RI	<sup>Zip</sup> 02906
8. Registered Agent in Rhode Isl	and. This informat	ion is currently of	ecord in the Department of State. C	Changes require filing	Form 641.
Under penalty of perjury, I dec statements, and that all statem			, , _	ny accompanying	schedules and
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 Date					
Town H	DPA	VEN/		5-18-16	
Signature of Officer/Authorized Representative					
A B John SIGN DOCUMENT HERE					

Form No. 631 Revised: 2016

FILED MAY 2 4 2016 St. Martin's Parish, 50 Orchard Avenue, Providence, RI 02906 Non-profit Corporation Annual Report 2016 ID# 30323

Item 7 – continuation – names and addresses of directors:

Directors:

Peter Lofgren

119 Elton Street, Providence, RI 02906

Kate Chute

35 Wilcox Avenue, Pawtucket, RI 02860

Waylan Tucker

201 Wentworth Avenue, Edgewood, RI 02905

Peter Dennehy

36 Hanson Road, Barrington, RI 02806

Arline Walker

112 Sutton Avenue, East Providence, RI 02914

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MAY 24 2016
BY 9689 DS
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