



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			
000030125		SAINT JOHN BAPTIST MARY VIANNEY CHURCH			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RI		RELIGIOUS			
5. Principal Office Address		City	State	Zip	
3609 DIAMOND HILL ROAD		CUMBERLAND	RI	02864	
6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name MOST REVEREND THOMAS J TOBIN		Vice-President Name AUXILLARY BISHOP ROBERT EVANS			
Street Address ONE CATHEDAL SQUARE		Street Address ONE CATHEDAL SQUARE			
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
Secretary Name REV RAYMOND C. THEROUX		Treasurer Name REV RAYMOND C. THEROUX			
Street Address 3609 DIAMOND HILL ROAD		Street Address 3609 DIAMOND HILL ROAD			
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name TRUSTEE PAUL LAMBERT		Director Name TRUSTEE PATRICIA BRADLEY			
Street Address 2130 MENDON ROAD SUITE 3-214		Street Address 96 SLEEPY HOLLOW DRIVE			
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Director Name TRUSTEE ROBERT DRAPER		Director Name			
Street Address 270 MENDON ROAD # 135		Street Address			
City CUMBERLAND	State RI	Zip 02864	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 C. THEROUX				Date 5/26/16	
Signature of Officer/Authorized Representative Rev Raymond C. Theroux					