



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

Non-Profit Corporation  
Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000112938

2. Name of Corporation Preserve Historic Saint Mary's, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 12 WILLIAM STREET

City or Town: NEWPORT

State: RI

Zip: 02840

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town:

State:

Zip:

Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

PRESERVATION, RECONSTRUCTION, RESTORATION AND REPAIR OF SAINT MARY'S CHURCH AT NEWPORT, RHODE ISLAND

7. Names and Addresses of the Officers and Directors:

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

*THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23*

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	REV. KRIS VON MALUSKI	12 WILLIAM STREET NEWPORT, RI 02840 USA
TREASURER	KRIS VON MALUSKI	12 WILLIAM STREET, PO BOX 547 NEWPORT, RI 02840 USA

SECRETARY	KRIS VON MALUSKI	12 WILLIAM STREET, PO BOX 547 NEWPORT, RI 02840 USA
DIRECTOR	DAVID P. LEYS	599 WOLCOTT AVENUE MIDDLETOWN, RI 02842 USA
DIRECTOR	DAVID KERINS	6 HALSEY STREET NEWPORT, RI 02840 USA
DIRECTOR	KRIS VON MALUSKI	12 WILLIAM STREET, PO BOX 547 NEWPORT, RI 02840 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

GORDON P. CLEARY 12 WILLIAM STREET NEWPORT , RI 02840

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 2 Day of June, 2016 at 12:03:28 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By KRIS VON MALUSKI  
Signature of Authorized Person

Form No. 631  
Revised 09/07