RI SOS Filing Number: 201699708860 Date: 06/02/2016 4:00 PM

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
29091	Church of Our Lady Of Lourdes
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
R.I.	To conductreligious worship--church

5. Principal Office Address	City	State	Zip
901 Atwells Avenue	Providence	RI	02909

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Bishop Thomas J. Tobin	Auxilary BishopRobert Evans
Street Address: One Cathedral Square	Street Address: One Cathedral Square
City: Providence State: RI Zip: 02903	City: Providence State: RI Zip: 02903
Secretary Name	**Treasurer Name**
Thomas Pellegrino	Fr. Brice Leavins,ofm
Street Address: 47 Homeland Street	Street Address: 901 Atwells Avenue
City: Johnston State: RI Zip: 02919	City: Providence State: RI Zip: 02909

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name	Director Name
Fr. Brice Leavins,ofm	Thomas Pellegrino
Street Address: 901 Atwells Avenue	Street Address: 47 Homeland Street
City: Providence State: RI Zip: 02909	City: Johnston State: RI Zip: 02919
Director Name: Denise Prata	Director Name:
Street Address: 17 Highwood Drive	Street Address:
City: Coventry State: RI Zip: 02816	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	Date
Fr. Brice Leavins,ofm	6/1/16

Signature of Officer/Authorized Representative: Fr Brice Leavins ofm

FILED
JUN 02 2016
BY KL 30493

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