

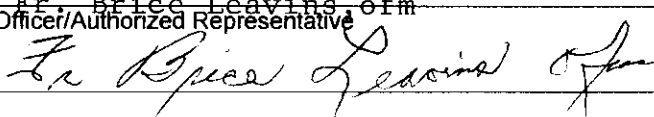
**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

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 conduct religious 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			Auxiliary Bishop Robert Evans		
Street Address			Street Address		
One Cathedral Square			One Cathedral Square		
City	State	Zip	City	State	Zip
Providence	RI	02903	Providence	RI	02903
Secretary Name			Treasurer Name		
Thomas Pellegrino			Fr. Brice Leavins, ofm		
Street Address			Street Address		
47 Homeland Street			901 Atwells Avenue		
City	State	Zip	City	State	Zip
Johnston	RI	02919	Providence	RI	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			Street Address		
901 Atwells Avenue			47 Homeland Street		
City	State	Zip	City	State	Zip
Providence	RI	02909	Johnston	RI	02919
Director Name			Director Name		
Denise Prata					
Street Address			Street Address		
17 Highwood Drive					
City	State	Zip	City	State	Zip
Coventry	RI	02816			
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					
					

FILED

JUN 02 2016
BY 156 30493