



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
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 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 29261		2. Exact name of the Corporation St. Casimir Church			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Catholic Religious Services			
5. Principal office address PO Box 28377 (348 Smith Street)		City Providence		State RI	Zip 02906
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Thomas J. Tobin (Bishop of Providence)		Vice-President Name Robert C. Evans (Auxiliary Bishop of Providence)			
Street Address One Cathedral Square		Street Address One Cathedral Square			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Edward A. Sousa, Jr.		Treasurer Name Edward A. Sousa, Jr.			
Street Address 92 Hope Street		Street Address 92 Hope Street			
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name Edward A. Sousa, Jr. (Administrator)		Director Name Aldona Kairys (Trustee)			
Street Address 92 Hope Street		Street Address 46 Peckham Ave.			
City Providence	State RI	Zip 02906	City North Providence	State RI	Zip 02908
Director Name Bruno Veitakunas (Trustee)		Director Name			
Street Address 91 Ratcliff Ave.		Street Address			
City Providence	State RI	Zip 02908	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND Edward A. Sousa, Jr.					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

[Signature]

FILED

JUN 02 2016

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.

Edward A. Sousa, Jr.
Signature of Officer or Authorized Representative

6/1/16
Date

3003

Edward A. Sousa, Jr. (Administrator/Treasurer)

Print or Type Name of Officer or Authorized Representative