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.	2. Exact name of the Corporation
29261	**St. Casimir Church**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	**Catholic Religious Services**

5. Principal office address	City	State	Zip
PO Box 28377 (348 Smith Street)	**Providence**	**RI**	**02906**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Thomas J. Tobin (Bishop of Providence)	**One Cathedral Square**	**Providence**	**RI**	**02903**

Vice-President Name	Street Address	City	State	Zip
Robert C. Evans (Auxiliary Bishop of Providence)	**One Cathedral Square**	**Providence**	**RI**	**02903**

Secretary Name	Street Address	City	State	Zip
Edward A. Sousa, Jr.	**92 Hope Street**	**Providence**	**RI**	**02906**

Treasurer Name	Street Address	City	State	Zip
Edward A. Sousa, Jr.	**92 Hope Street**	**Providence**	**RI**	**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	Street Address	City	State	Zip
Edward A. Sousa, Jr. (Administrator)	**92 Hope Street**	**Providence**	**RI**	**02906**

Director Name	Street Address	City	State	Zip
Aldona Kairys (Trustee)	**46 Peckham Ave.**	**North Providence**	**RI**	**02908**

Director Name	Street Address	City	State	Zip
Bruno Veitakunas (Trustee)	**91 Ratcliff Ave.**	**Providence**	**RI**	**02908**

Director Name	Street Address	City	State	Zip

8. REGISTERED AGENT IN RHODE ISLAND Edward A. Sousa, JT.

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

FILED
JUN 02 2016
BY 3003

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, JT. 6/1/16
Signature of Officer or Authorized Representative Date

Edward A. Sousa, Jr. (Administrator/Treasurer)
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014