



**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			
38200		CHURCH OF THE SACRED HEART			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RHODE ISLAND		CHURCH RELATED MINISTRIES			
5. Principal Office Address		City	State	Zip	
118 TAUNTON AVENUE		EAST PROVIDENCE	RI	02914	
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name			Vice-President Name		
THOMAS J. TOBIN (BISHOP OF PROVIDENCE)			ROBERT C. EVANS (AUXILIARY BISHOP)		
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		
REV. SILVIO DE NARD, S.O.C.			REV. SILVIO DE NARD, S.O.C.		
Street Address			Street Address		
118 TAUNTON AVENUE			118 TAUNTON AVENUE		
City	State	Zip	City	State	Zip
EAST PROVIDENCE	RI	02914	EAST PROVIDENCE	RI	02914
7. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
REV. SILVIO DE NARD, S.O.C.			THOMAS L. CLURNY		
Street Address			Street Address		
118 TAUNTON AVENUE			30 BOURNE AVENUE		
City	State	Zip	City	State	Zip
EAST PROVIDENCE	RI	02914	RUMFORD	RI	02916
Director Name			Director Name		
JAMES H. HOPKINS, JR.					
Street Address			Street Address		
52 CLYDE AVENUE					
City	State	Zip	City	State	Zip
EAST PROVIDENCE	RI	02914			
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative				Date	
REV. SILVIO DE NARD, S.O.C.				JUNE 6, 2016	
Signature of Officer/Authorized Representative				SIGN DOCUMENT HERE	
Rev. Silvio De Nard, S.O.C.					

**FILED**

JUN 06 2016

BY

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