

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 Filing period: June 1 - June 30		ort for the y	/ear: 2016		ON TAIL	
Filing Fee: \$20.00 *FAILURE		REPORT BY	JULY 30 WILL RESULT	IN A \$25.00 PENAL	TY FEE.	
Entity ID Number	2. Exact name of the Corporation					
29355	SAINT EDWARD CHURCH OF PAWTUCKET					
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island					
Rhode Island	Catholic Church Affairs					
5. Principal Office Address			City	State	Zip	
103 Pine Street			Pawtucket	RI	02860	
6. List ALL officers (names and addresses)			Check the box to indicate an attachment			
President Name Thomas J. Tol	oin (Bishop of	Providence)	Vice-President Name Robert C. Evans (Aux Bishop of Prov)			
Street Address One Cathedral Square			Street Address One Cathedral Square			
City Providence	State RI	^{Zip} 02903	City Providence	State RI	Zip 02903	
Secretary Name Theodore S. King			Treasurer Name Deacon C. Patrick Sheehy			
Street Address 522 Power Road			Street Address 109 Blaisdell Avenue			
City Pawtucket	State RI	^{Zip} 02860	City Pawtucket	State RI	^{Zip} 02860	
7. List ALL directors (names and	addresses). RI	Corporations MU		ctors. Check the box to indicate	le an attachment	
Director Name Rev. Mark A. Sauriol-Administrator			Director Name Theodore S. King - Trustee			
Street Address 103 Pine Street			Street Address 522 Power Road			
City Pawtucket	State RI	^{Zip} 02860	City Pawtucket	State RI	^{Zip} 02860	
Director Name Paul Mendes - Trustee			Director Name			
Street Address 3 Amherst Avenue			Street Address			
City Pawtucket	State RI	Zip 02860	City	State	Zip	
8. Registered Agent in Rhode Is	land. This informat	tion is currently of	record in the Department of Sta	te. Changes require filin	g Form 641.	
Under penalty of perjury, I dec statements, and that all statem	lare and affirm	that I have exam I herein are true	nined this report, including and correct.	g any accompanyin	y schedules and	
This report must be signed by either the l				orized Representative, Rece	iver or Trustee.	
Name of Officer/Authorized Representative				Date	Date	
Deacon C. Patrick Sheehy - Treasurer				6/2/2016		
Signature of Officer/Authorized F						
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JUN 06 2016

Form No. 631 Revised: 2016