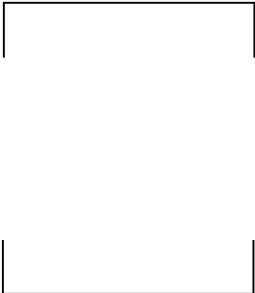




**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**


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			
30896		S.S. Peter and Paul's Church, Phoenixville, Rhode Island			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
Rhode Island					
5. Principal Office Address			City	State	Zip
48 Highland Street			West Warwick	RI	02893
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Thomas J. Tobin (Bishop of Providence)			Vice-President Name Robert C. Evans (Auxiliary Bishop)		
Street Address 1 Cathedral Square			Street Address 1 Cathedral Square		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Rev. Robert J. Giardina			Treasurer Name Rev. Robert J. Giardina		
Street Address 48 Highland Street			Street Address 48 Highland Street		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Rev. Robert J. Giardina			Director Name Mrs. Jean Brousseau		
Street Address 48 Highland Street			Street Address 12 Harmony Street		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Director Name Robert Pare			Director Name		
Street Address 49 Hornbeam Road			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
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.					
<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 Rev. Robert J. Giardina, Pastor				Date June 3, 2016	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

FILED

JUN 06 2016

By KL 9501