



**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			
29001		Church of the Immaculate Conception of Pawtucket, Rhode Island			
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 <input type="checkbox"/>					
President Name Thomas J. Tobin (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 James D. Shanaghan			Treasurer Name Deacon C. Patrick Sheehy		
Street Address 40 Marbury Avenue			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 MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Rev. Mark A. Sauriol-Administrator			Director Name James D. Shanaghan - Trustee		
Street Address 103 Pine Street			Street Address 40 Marbury Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Director Name Margaret Sheehy - Trustee			Director Name		
Street Address 109 Blaisdell Avenue			Street Address		
City Pawtucket	State RI	Zip 02860	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 Deacon C. Patrick Sheehy - Treasurer				Date 6/2/2016	
Signature of Officer/Authorized Representative <i>Deacon C. Patrick Sheehy - Treasurer</i>					

FILED

JUN 06 2016

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