



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			
29076		Church of Our Lady of Good Counsel			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
Rhode Island		Roman Catholic Church			
5. Principal Office Address		City	State	Zip	
62 Pleasant Street		West Warwick	RI	02893	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Most Rev. Thomas J. Tobin			Vice-President Name Rev. Robert C. Evans		
Street Address One Cathedral Square			Street Address One Cathedral Square		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Rev. Paul R. Lemoi			Treasurer Name Rev. Paul R. Lemoi		
Street Address 62 Pleasant Street			Street Address 62 Pleasant 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. Paul R. Lemoi			Director Name Dr. Alfred Arcand		
Street Address 62 Pleasant Street			Street Address 24 Mumford St		
City West Warwick	State RI	Zip 02893	City Coventry	State RI	Zip 02816
Director Name Mr. Arthur Langlais			Director Name none		
Street Address 24 Reservation Dr			Street Address none		
City Hope	State RI	Zip 02831	City none	State	Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 841.					
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. Paul R. Lemoi				Date 6/1/2016	
Signature of Officer/Authorized Representative <i>Rev. Paul R. Lemoi</i> SIGN DOCUMENT HERE					

FILED

JUN 06 2016

BY

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