



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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