State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000030190

2. Name of Corporation Polish National Catholic Church of Our Saviour

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 500 SMITHFIELD ROAD
City or Town: WOONSOCKET State: RI Zip: 02895 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

RELIGIOUS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	SALLY BETH WATSON	15 SHERMAN AVENUE LINCOLN, RI 02865 USA
SECRETARY	LINDA GONYEA	91 SOUTH MAIN STREET MILLBURY, MA 01527 USA
PRESIDENT	GERARD ETHIER	17 CYNTHIA DRIVE

		NORTH SMITHFIELD, RI 02896- USA
VICE PRESIDENT	EDMUND FOX	660 PROVIDENCE STREET WOONSOCKET, RI 02895 USA
DIRECTOR	EDWARD SUROWIEC	77 WAYNE ROAD WOONSOCKET, RI 02895 USA
DIRECTOR	KATHLEEN SHERMAN	15 SHERMAN AVENUE LINCOLN, RI 02865 USA
DIRECTOR	CAROL BIBEAULT	5 SPRING STREET CUMBERLAND, RI 02864 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

SALLY B. WATSON 500 SMITHFIELD ROAD WOONSOCKET , RI 02895

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 10 Day of June, 2016 at 1:00:20 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By SALLY B. WATSON
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2016 State of Rhode Island and Providence Plantations
All Rights Reserved