



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			
29041		Church of Notre Dame des Victories			
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	
323 Rathbun Street		Woonsocket	RI	02895	
6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Thomas J. Tobin, (Bishop of Providence)			Vice-President Name Robert G. 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 Rev Dennis A. Reardon			Treasurer Name Rev Dennis A. Reardon		
Street Address 323 Rathbun Street			Street Address 323 Rathbun Street		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Rev Dennis A. Reardon			Director Name Richard Levitre		
Street Address 323 Rathbun Street			Street Address 25 Hayes Street		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Director Name Thomas Clem			Director Name		
Street Address Two Star Street			Street Address		
City Woonsocket	State RI	Zip 02895	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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative				Date	
				6.8.2016	
Signature of Officer/Authorized Representative				SIGN DOCUMENT HERE	

FILED
JUN 10 2016
BY 4815 DS