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
515224	**All Saints Parish, Woonsocket, Rhode Island**
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
Rev Dennis A. Reardon	6-8-2016
Signature of Officer/Authorized Representative SIGN DOCUMENT HERE	6-8-2016

FILED
JUN 10 2016
BY 4815 DS

Form No. 631
Revised: 2016