RI SOS Filing Number: 201600633230 Date: 06/13/2016 4:00 PM

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
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 • **This report must be typed or printed legibly.**
Filing Fee: $20.00 • **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
32065	**St. Paul's Church Corporation, Foster**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	**Church**

5. Principal office address	City	State	Zip
116A Danielson Pike	**Foster**	**RI**	**02825**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Most Rev. Thomas Tobin	**Robert C. Evans (Auxillary Bishop of Providence)**
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. M.J. Bernard Doré**	Treasurer Name: **Rev. M.J. Bernard Doré**
Street Address: **116 A Danielson Pike**	Street Address: **116 A Danielson Pike**
City: **Foster** State: **RI** Zip: **02825**	City: **Foster** State: **RI** Zip: **02825**

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Mrs. Rosalie Finnegan	**Mr. Richard Copp**
Street Address: **38 Hartford Pike**	Street Address: **55 Kennedy Rd.**
City: **North Scituate** State: **RI** Zip: **02857**	City: **Foster** State: **RI** Zip: **02825**
Director Name: **Deacon Fernando Botelho**	Director Name:
Street Address: **14 B Shippee Schoolhouse Rd.**	Street Address:
City: **Foster** State: **RI** Zip: **02825**	City: State: Zip:

8. REGISTERED AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

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

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
JUN 13 2016
BY 6101

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.

Rev. M.J. Bernard Doré 6/6/16
Signature of Officer or Authorized Representative Date

Rev. M.J. Bernard Doré
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

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