Department of State - Business Services Division

Annual Report for the year: 2016

Non-Profit Corporation

→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of the Corporation
30233	SAINT LAWRENCE CHURCH OF CENTREDALE
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
25 FOURTH STREET	NORTH PROVIDENCE	RI	02911

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
THE MOST REVEREND THOMAS J. TOBIN	ONE CATHEDRAL SQUARE	PROVIDENCE	RI	02903

Vice-President Name	Street Address	City	State	Zip
THE MOST REVEREND ROBERT C. EVANS	ONE CATHEDRAL SQUARE	PROVIDENCE	RI	02903

Secretary Name	Street Address	City	State	Zip
REVEREND JOSEPH A. PESCATELLO	25 FOURTH STREET	NORTH PROVIDENCE	RI	02911

Treasurer Name	Street Address	City	State	Zip
REVEREND JOSEPH A. PESCATELLO	25 FOURTH STREET	NORTH PROVIDENCE	RI	02911

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
REVEREND JOSEPH A. PESCATELLO	25 FOURTH STREET	NORTH PROVIDENCE	RI	02911

Director Name	Street Address	City	State	Zip
MR. VALENTINO LOMBARDI	11 STEPHANIE DRIVE	NORTH PROVIDENC	RI	02904

Director Name	Street Address	City	State	Zip
MRS. NANCY RICCITELLI	39 JACKSONIA DRIVE	NORTH PROVIDENCE	RI	02911

Director Name	Street Address	City	State	Zip
NONE	NONE	NONE	NONE	NONE

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.) JOSEPH A. PESCATELLO	JUNE 10, 2016

Signature of Officer/Authorized Representative

Rev Joseph A. Pescatello SIGN DOCUMENT HERE

FILED

JUN 15 2016

BY KC 18775

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040