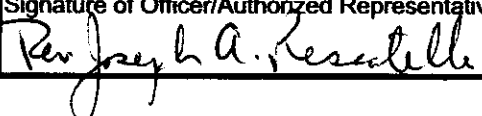


**Department of State - Business Services Division****Annual Report for the year: 2016****Non-Profit Corporation**

→ 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 30233		2. Exact name of the Corporation SAINT LAWRENCE CHURCH OF CENTREDALE			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island ROMAN CATHOLIC CHURCH			
5. Principal Office Address 25 FOURTH STREET		City NORTH PROVIDENCE	State RI	Zip 02911	
6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name THE MOST REVEREND THOMAS J. TOBIN			Vice-President Name THE MOST REVEREND ROBERT C. EVANS		
Street Address ONE CATHEDRAL SQUARE			Street Address ONE CATHEDRAL SQUARE		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
Secretary Name REVEREND JOSEPH A. PESCATELLO			Treasurer Name REVEREND JOSEPH A. PESCATELLO		
Street Address 25 FOURTH STREET			Street Address 25 FOURTH STREET		
City NORTH PROVIDENCE	State RI	Zip 02911	City NORTH PROVIDENCE	State RI	Zip 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 REVEREND JOSEPH A. PESCATELLO			Director Name MR. VALENTINO LOMBARDI		
Street Address 25 FOURTH STREET			Street Address 11 STEPHANIE DRIVE		
City NORTH PROVIDENCE	State RI	Zip 02911	City NORTH PROVIDENC	State RI	Zip 02904
Director Name MRS. NANCY RICCITELLI			Director Name NONE		
Street Address 39 JACKSONIA DRIVE			Street Address NONE		
City NORTH PROVIDENCE	State RI	Zip 02911	City NONE	State NONE	Zip 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 (REV.) JOSEPH A. PESCATELLO				Date JUNE 10, 2016	
Signature of Officer/Authorized Representative  SIGN DOCUMENT ONLINE					

FILED**MAIL TO:****Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

FILED
JUN 15 2016
BY KL 18775