



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			
30889		ST. WILLIAM'S CHURCH CORPORATION			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RI		ROMAN CATHOLIC CHURCH			
5. Principal Office Address		City		State	Zip
200 PETTACONSETT AVENUE		WARWICK		RI	02888
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name		Vice-President Name			
THOMAS T. TOBIN (BISHOP)		ROBERT C. EVANS (AUXILIARY BISHOP)			
Street Address		Street Address			
ONE CATHEDRAL SQUARE		ONE CATHEDRAL SQUARE			
City	State	Zip	City	State	Zip
PROVIDENCE	RI	02903	PROVIDENCE	RI	02903
Secretary Name		Treasurer Name			
MARY GIBBONS		REV. FRANK S. SALMANI			
Street Address		Street Address			
138 MASSASOIT DRIVE		200 PETTACONSETT AVENUE			
City	State	Zip	City	State	Zip
WARWICK	RI	02888	WARWICK	RI	02888
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name		Director Name			
TRUSTEE: MARY GIBBONS		AUDITOR: JOSEPH ROCCHIO			
Street Address		Street Address			
138 MASSASOIT DRIVE		78 PURITAN DRIVE			
City	State	Zip	City	State	Zip
WARWICK	RI	02888	WARWICK	RI	02888
Director Name		Director Name			
TRUSTEE: LAWRENCE EGAN		AUDITOR: JAMES ALDREDGE			
Street Address		Street Address			
11 BRANCH ROAD		74 SHIRLEY STREET			
City	State	Zip	City	State	Zip
WARWICK	RI	02888	WARWICK	RI	02888
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. FRANK S. SALMANI					6-13-16
Signature of Officer/Authorized Representative					

FILED
JUN 17 2016
BY 2998 DS