



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

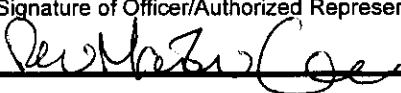
Annual Report for the year: 2016

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 31542		2. Exact name of the Corporation Saint Rose's Church Corporation, Warwick			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Church			
5. Principal Office Address 111 Long Street		City Warwick	State RI	Zip 02886	
6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Most Rev. Thomas J. Tobin (Bishop)		Vice-President Name Most Rev. Robert C. Evans (Aux. Bishop)			
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. S. Matthew Glover		Treasurer Name Mr. Benjamin Butler			
Street Address 111 Long Street		Street Address 226 Hilton Road			
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02889
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. S. Matthew Glover		Director Name Mr. Benjamin Butler			
Street Address 111 Long Street		Street Address 226 Hilton Road			
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02889
Director Name The Honorable Alice B. Gibney		Director Name			
Street Address 60 Tenth Street		Street Address			
City Warwick	State RI	Zip 02886	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 Rev. S. Matthew Glover				Date 6/15/2016	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

JUN 20 2016

BY 016839 OS

FORM 631 - Revised: 05/2016