RI SOS Filing Number: 201600869350 Date: 06/20/2016 4:00 PM

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	2. Exact name of the Corporation
31542	**Saint Rose's Church Corporation, Warwick**
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
111 Long Street	**Warwick**	**RI**	**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	Date
Rev. S. Matthew Glover	**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

138359-14-1136089

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JUN 20 2016
BY 0116839 DS

FORM 631 - Revised: 05/2016