

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 20 6

Filing Period: June 1 - June 30 • Filing Fee: \$20.00° • This REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is such

| penalty jee of \$25,00. | | | annual report within the time pre- | | 5-91) is subject to a | | |
|--|---------------------------|-------------------------------|--|------------------------|-----------------------|--|--|
| 1. Corporate ID No. | 2. Name of Contoration | | P1 0 0 | 41 01 | P , | | |
| 3. State of Incorporation | 4. Corporate address in I | thode Island - Street Address | bhurch of | St. Maken in | Providence | | |
| RHODE ISLAND | | CTORY ADDRESS | 35 Clay St. | Central Falls | 240 | | |
| 5. Poreign corporation. Enter principal office address | | | lan | State | <u>U2863</u> | | |
| | | | | | | | |
| 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island | | | | | | | |
| | | | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS . | | | | | | | |
| President Name | | | Vice President Name | | | | |
| THOMAS J. TOBIN (Bish | op of Providence) | | ROBERT C. EVANS (Auxiliary Bishop of Providence) | | | | |
| Stront Address | | | Street Address | | | | |
| One Cathedral Square | | | One Cathedral Square | | | | |
| Providence | RI | <i>¤</i> 02903 | Providence | State Ri | Zip OCCOO | | |
| Secretary Name | | . 0 | Treasurer Name | 131 | 02903 | | |
| PASTOR OR OTHER NAME Clarisse Silveira | | | PASTOR'S NAME Holeindo H. Amaro | | | | |
| street Address 3 Edendale Alve. | | | Street Address | | | | |
| City- | State | Zip | So Clay & | Sharke | | | |
| (tou) heeket | R1 | 07861 | Central Falls | 10 I | ZLP white/D | | |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES REFORE USING ATTACHMENTS | | | | | | | |
| THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-2 | | | | | | | |
| Tructor Nume | | | Director Name | | | | |
| | lindo A. F | tomero | TRUSTEE'S NAME | uintino da Til | lveira | | |
| Street Address 2 4 0 au | | | Street Address | | | | |
| City State Zip | | | 3 Edendele Ave | | | | |
| Central Falls | RI | 02863 | Pautucket | RI | 24 02861 | | |
| Director Name TRUSTEE'S NAME Ideal Courto | | | Director Name | • | 1 0 0 0 | | |
| Street Address 285 H | igli St. | | Street Address | | | | |
| City Put 1/0 | State | <i>25</i> p | City | State | Zip | | |
| OUV LUCKEX 9. REGISTERED AGENT IN R | #\(\) | 02860 | | | - | | |
| | | | | | | | |
| This information is currently of | record in the Office | of the Secretary of State | . Changes require filing of Form | 641 - RLG.L. 7-6-13/7- | 6-78 | | |
| | | | | | | | |
| This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee | | | | | | | |
| | | | | | | | |

| | FILED | 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. |
|---------------------------------------|--------------|--|
| File Date | JUN 2 0 2216 | Aleudo Meuro 06/13/16 |
| Check No. | 10001 N. | Signature of Officer Date |
| BY | 1914 | Print or Type Name of Officer |
| FOR SECRETARY OF STATE USE ONLY | | Reasiere |
| · · · · · · · · · · · · · · · · · · · | . | Tale of Officer |