

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
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