



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 28531		2. Exact name of the Corporation St. Ambrose Church	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Church	
5. Principal Office Address 191 School St.		City Albion	State RI
		Zip 02802	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Thomas J. Tobin (Bishop of Providence Diocese)		Vice-President Name Robert C. Evans (Auxiliary Bishop Diocese of Providence)	
Street Address One Cathedral Square		Street Address One Cathedral Square	
City Providence	State RI	City Providence	State RI
Zip 02903		Zip 02903	
Secretary Name Rev. Thomas Ferland		Treasurer Name Rev. Thomas J. Ferland	
Street Address 191 School St. PO Box 67		Street Address 191 School St. P.O. Box 67	
City Albion	State RI	City Albion	State RI
Zip 02802		Zip 02802	
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"/>			
Rev. Thomas J. Ferland			
Director Name 191 School St. PO Box 67		Director Name Joyce Boudreau	
Street Address Albion		Street Address 274 Albion RI	
City Albion	State RI	City Lincoln	State RI
Zip 02802		Zip 02865	
Director Name Burton Stallwood		Director Name	
Street Address 5 Kirkbrae Dr.		Street Address	
City Lincoln	State RI	City	State
Zip 02865		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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative Thomas J. Ferland			Date 6/16/16
Signature of Officer/Authorized Representative <i>Rev. Thomas J. Ferland</i>			SIGN DOCUMENT HERE

FILED *sv*

JUN 20 2016

BY 15877

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov