



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 000028485		2. Exact name of the Corporation St. Agnes Church					
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Religious					
5. Principal Office Address 351 Branch Avenue				City Providence		State RI	Zip 02904
6. List ALL officers (names and addresses)							Check the box to indicate an attachment ☐
President Name Most Rev. Thomas J. Tobin				Vice-President Name Most Rev. Robert C. Evans			
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. Normand J. Godin				Treasurer Name Rev. Normand J. Godin			
Street Address 351 Branch Avenue				Street Address 351 Branch Avenue			
City Providence		State RI	Zip 02904	City Providence		State RI	Zip 02904
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. Normand J. Godin				Director Name Nicholas St. Angelo			
Street Address 351 Branch Avenue				Street Address 39 Irving Street			
City Providence		State RI	Zip 02904	City Providence		State RI	Zip 02904
Director Name William Dufresne				Director Name			
Street Address 15 Weona Road				Street Address			
City North Attleboro		State MA	Zip 02760	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 Normand J. Godin						Date 06/28/2016	
Signature of Officer/Authorized Representative <i>Rev Normand J. Godin</i>							

FILED

JUN 30 2016

BY

14497 A.A.

MAIL TO:

Division of Business Services
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 Website: www.sos.ri.gov