



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 000030263		2. Exact name of the Corporation St. Maria Goretti Church Corporation, Pawtucket			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Religious			
5. Principal Office Address 165 Power Road		City Pawtucket		State RI	Zip 02860
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>					
Director Name Rev. Normand J. Godin			Director Name Edward Sneesby		
Street Address 351 Branch Avenue			Street Address 40 A Waterview Drive		
City Providence	State RI	Zip 02904	City Smithfield	State RI	Zip 02917
Director Name Anna Lattera Bellina			Director Name		
Street Address 100 Oneida Street			Street Address		
City Pawtucket	State RI	Zip 02860	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.					
<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 Rev. Normand J. Godin				Date 06/28/2016	
Signature of Officer/Authorized Representative <i>Rev. N. J. Godin</i>					

SEEN DOCUMENT HERE

FILED

JUN 30 2016

BY 71697 A.A.

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov