



**State of Rhode Island and Providence Plantations  
Department of State - Business Services Division**

148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV

2016 JUN 30 PM 3:33

**Non-Profit Corporation Annual Report for the year: 2016**

Filing period: June 1 - June 30

Filing Fee: \$20.00 \*FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
59687		St. Michael's Historical Preservation Trust, Inc.			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
Rhode Island		to renovate, restore & repair St. Michael's Church in Providence & other religious**			
5. Principal Office Address		City	State	Zip	
239 Oxford Street		Providence	RI	02905	
6. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Katherine Harrington		Vice-President Name Francis J. Darigan			
Street Address 239 Oxford Street		Street Address 239 Oxford Street			
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
Secretary Name Phyllis Araujo		Treasurer Name			
Street Address 239 Oxford Street		Street Address **buildings with historical importance.			
City Providence	State RI	Zip 02905	City	State	Zip
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 Katherine Harrington		Director Name Francis J. Darigan			
Street Address 239 Oxford Street		Street Address 239 Oxford Street			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02905
Director Name Phyllis Araujo		Director Name			
Street Address 239 Oxford Street		Street Address			
City Providence	State RI	Zip 02903	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.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative					Date
FRANCIS J. DARIGAN, JR					June 7, 2016
Signature of Officer/Authorized Representative					

3:33 FILED

JUN 30 2016

BY 279103