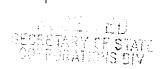


State of Rhode Island and Providence Plantations **Department of State - Business Services Division**

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



THIS HELDO DM

Name Destit Commention	Annual Dass	art for the v	oar: 2016	enin atta att	7ff 3: 33	
Non-Profit Corporation A 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 a	ddresses)		Check the box to indicate an attachment			
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						
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.						
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				Date	! _	
				June	June 7, 2016	
Signature of Officer/Authorized Representative The same of Authorized Representative						
Franis Durganit.						

Form No. 631 Revised: 2016 3:33 FILED

JUN 3 0 2016