



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

148 W. River Street, Providence, Rhode Island 02904-2615
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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.					
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
FRANCIS J. DARIGAN, JR					June 7, 2016
Signature of Officer/Authorized Representative					

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JUN 30 2016

BY JB 278103