



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

**ANNUAL REPORT YEAR:** 2016

**1. Corporate ID No.** 000118318

**2. Name of Corporation** ST. ANN ARTS AND CULTURAL CENTER

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 84 CUMBERLAND STREET

City or Town: WOONSOCKET

State: RI Zip: 02895 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO PRESERVE AND RESTORE THE PREMISES IN WOONSOCKET, RI FORMERLY  
KNOWN AS ST. ANN ROMAN CATHOLIC CHURCH

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

*THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23*

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	WALTER RATHBUN	10 GREYSTONE AVENUE NORTH PROVIDENCE, RI 02911 USA
TREASURER	DOMINIQUE E DOIRON	10 GREY STONE NORTH PROVIDENCE, RI 02911 USA

SECRETARY	CLAUDETTE MARQUIS	44 MORIN ST WOONSOCKET, RI 02895 US
DIRECTOR	ANGELA RONDEAU	63 CHALAPA AVE WOONSOCKET, RI 02895 USA
DIRECTOR	JEANNINE AUGER	650 ALDRICH STREET UXBRIDGE, MA 01569 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

DOMINIQUE DOIRON 84 CUMBERLAND STREET P.O. BOX 79 WOONSOCKET , RI 02895

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 23 Day of July, 2016 at 9:45:51 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By WALTER RATHBUN  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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