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	2. Exact name of the Corporation
26771	IMMACULATE CONCEPTION CHURCH CORPORATION, CRANSTON
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RHODE ISLAND	ROMAN CATHOLIC CHURCH

5. Principal Office Address	City	State	Zip
237 GARDEN HILLS DR	CRANSTON	RI	02920

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name THOMAS J. TOBIN			Vice-President Name 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 JAMES SOUZA			Treasurer Name EDWARD J. WILSON, JR		
Street Address 121 WALKER ST			Street Address 237 GARDEN HILLS DR		
City SEEKONK	State MA	Zip 02771	City CRANSTON	State RI	Zip 02920

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☐

Director Name EDWARD J. WILSON, JR.			Director Name JAMES SOUZA		
Street Address 237 GARDEN HILLS DR.			Street Address 121 WALKER ST		
City CRANSTON	State RI	Zip 02920	City SEEKONK	State MA	Zip 02771
Director Name MICHAEL HOBIN			Director Name		
Street Address 19 PLANTATION DR			Street Address		
City CRANSTON	State RI	Zip 02920	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
EDWARD J. WILSON, JR.	JULY 19, 2016

Signature of Officer/Authorized Representative

SIGN DOCUMENT HERE

FILED

JUL 26 2016

BY 041304

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 05/2016