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

SECRETARY OF STATE
CORPORATIONS
2016 SEP -2 AM

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
000030784	Saint Paul's Church of Edgewood
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
One Saint Paul Place	Cranston	RI	02905

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

President Name Most Rev. Thomas J. Tobin, Bishop			Vice-President Name Most Rev. Robert C. Evans, Aux. Bishop		
Street Address One Cathedral Square			Street Address One Cathedral Square		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Rev. Adam A. Young			Treasurer Name Rev. Adam A. Young		
Street Address One Saint Paul Place			Street Address One Saint Paul Place		
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02905

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

Director Name Rev. Adam A. Young			Director Name Mr. James FitzGerald		
Street Address One Saint Paul Place			Street Address 22 Beachmont Avenue		
City Cranston	State RI	Zip 02905	City Cranston,	State RI	Zip 02905
Director Name DENNIS DUFFY			Director Name		
Street Address 16 HARBOUR TERRACE			Street Address		
City CRANSTON	State RI	Zip 02905	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
Rev. ADAM A. YOUNG	7/29/16

Signature of Officer/Authorized Representative
Rev. Adam A. Young SIGN DOCUMENT HERE

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

FILED
SEP 2 2016
By 252217

FORM 631 - Revised: 05/2016