



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 000158813		2. Exact name of the Corporation SUE'S TITHE, INCORPORATED			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island TO RECEIVE GIFTS AND GRANTS OF MONEY AND PROPERTY OF EVERY KIND AND TO ADMINISTER THE SAME FOR THE PURPOSES OF			
5. Principal Office Address 24 HAMLET AVENUE		City WOONSOCKET	State RI	Zip 02895	
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
President Name THE REV. PETER G. TIERNEY III			Vice-President Name ROBERT H. LARDER		
Street Address 28 HAMLET AVENUE			Street Address 267 BLACKSTONE STREET		
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 02895
Secretary Name BONNIE J. COLETTA			Treasurer Name BRENDA MacDONALD		
Street Address 34 SPRING DRIVE			Street Address 47 GASKILL STREET		
City JOHNSTON	State RI	Zip 02919	City WOONSOCKET	State RI	Zip 02895
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name TED CONLON			Director Name LORRAINE BOURQUE		
Street Address 591 PROVIDENCE STREET			Street Address 66 MONTY AVENUE		
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 02895
Director Name DONNA FISHER			Director Name CAROL GRIEVES		
Street Address 270 BLACKSTONE STREET			Street Address 16 GREENE STREET - Apt 506		
City BLACKSTONE	State MA	Zip 01504	City WOONSOCKET	State RI	Zip 02895
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<i>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.</i>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative ROBERT H. LARDER, First Vice-President				Date 5 DECEMBER 2016	
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615


Phone: (401) 222-3040

Website: www.sos.ri.gov

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By

  
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FORM 631 - Revised: 06/2016

ID

158813

SUB'S TITHE, INCORPORATED

REMAINING OFFIERS AND DIRECTORS  
FOR 2016

Members of Board of Trustees (Directors)

Richard Gariepy  
61 Kay Street  
Cumberland, Rhode Island 02864

Nancy Paradee  
307 Harriet Lane  
Cumberland, Rhode Island 02864

Michelle Robichaud  
99 Ruskin Avenue  
Woonsocket, Rhode Island 02895

Sandra Slack  
74 Milk Street  
Blackstone, Massachusetts 01504

Renate Veeder  
80 Fisher Road - Unit 65  
Cumberland, Rhode Island 02864

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10