	State of Rhode Island and Providence Plantations Department of State - Business Services Division				
Annua	Report for the year:	2016			

Non-Profit Corporation

→ Filing period: June 1 - June 30 → Filing Fee: \$20.00

ightharpoonup Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number	ſ	of the Corporation						
000158813 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 EVE KIND AND TO ADMINISTER THE SAME FOR THE PURPOSES OF								
5. Principal Office Address 24 HAMLET AVENUE		Y OUTREAC	Heity WOONSOCKET	State RI	^{Zip} 02895			
6. List ALL officers (names and a	ddresses)		Check the box to indicate an attachment					
President Name THE REV. PETER G. TIERNEY LII ROBERT H. LARDER								
Street Address 28 HAMLET AVENUE			Street Address 267 BLACKSTONE STREET					
^{Cit} WOONSOCKET	^{State} RI	^{Zip} 02895	CityWOONSOCKET	State RI	^{Zip} 02895			
Secretary Name BONNIE J. COLETT	A		Treasurer Name BRENDA MacDONALD					
Street Add SPRING DRIVE			Street Address 47 GASKILL STREET					
^{City} JOHNSTON	^{State} RI	^{Zip} 02919	CityWOONSOCKET	State RI	^{Zip} 02895			
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment								
Director Name TED CONLON			Director Name LORRAINE BOURQUE					
Street Address 591 PROVID	ENCE STRE	ET	Street Address 66 MONTY AVENUE					
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	^{Zip} 02895			
Director Name DONNA FISH	ER		Director Name CAROL GRIEVES					
Street Address 270 BLACKS		EET	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.								
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 Repr	Date							
ROBERT H. LARDER	5 DECEMBER 2016							
Signature of Officer/Authorized Representative								

MAIL TO:

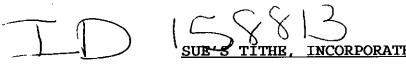
Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

DEC **08** 2016

FORM 681 - Revised: 05/2016



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

FILED

DEC 08 2016

By (Cdd)