



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 100100		2. Exact name of the Corporation St. Thomas More Society of Rhode Island			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To promote the study by Catholic lawyers of the application of Christian principles to modern problems, especially insofar as they are connected with civil or ecclesiastical law.			
5. Principal Office Address Annex Station Box 944		City Providence	State RI	Zip 02901	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph V. Cavanagh, Jr.			Vice-President Name Marry Ellen McQueeney		
Street Address 30 Exchange Terrace			Street Address 11 Riverview Drive		
City Providence	State RI	Zip 02903	City North Providence	State RI	Zip 02904
Secretary Name Faith A. LaSalle			Treasurer Name Armando O. Monaco		
Street Address 76 Westminster St Ste 450			Street Address 1 Dorrance Plaza		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Peter DeBiase			Director Name Justin T. Shay		
Street Address 91 Friendship St			Street Address 301 Promenade St		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Marry Ellen McQueeney			Director Name		
Street Address 11 Riverview Drive			Street Address		
City North Providence	State RI	Zip 02904	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.					
<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 Faith A. LaSalle				Date December 20, 2016	
Signature of Officer/Authorized Representative <i>Faith A. LaSalle</i> SIGN DOCUMENT HERE					

FILED

DEC 20 2016

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

BY M 291299

FORM 631 - Revised: 05/2016