



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

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 R.I. DEPT. OF STATE
 BUSINESS SERVICES DIV
 2017 APR 12 AM 10:55

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 001336550		2. Exact name of the Corporation Saint John Vianney for the Needy			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Provide food and goods for the Needy			
5. Principal Office Address 3609 Diamond Hill Road			City Cumberland	State Rhode Island	Zip 02864
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Orin D. Cook			Vice-President Name Not applicable		
Street Address 3609 Diamond Hill Road			Street Address		
City Cumberland	State R.I.	Zip 02864	City	State	Zip
Secretary Name Paul F. Ford			Treasurer Name Roger A. Doire		
Street Address 3609 Diamond Hill Road			Street Address 3609 Diamond Hill Road		
City Cumberland	State R.I.	Zip 02864	City Cumberland	State R.I.	Zip 02864
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 Robert Walsh			Director Name Elizabeth Walsh		
Street Address 3609 Diamond Hill Road			Street Address 3609 Diamond Hill Road		
City Cumberland	State R.I.	Zip 02864	City Cumberland	State R.I.	Zip 02864
Director Name Roger A. Doire			Director Name		
Street Address 3609 Diamond Hill Road			Street Address		
City Cumberland	State R.I.	Zip 02864	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 Orin D. Cook, President				Date April 6, 2017	
Signature of Officer/Authorized Representative <i>Orin D. Cook</i>					

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

FILED
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