



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

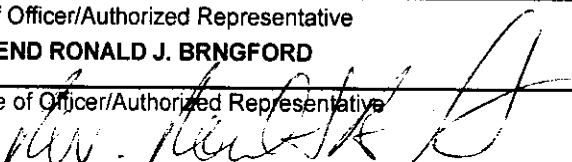
Annual Report for the year: **2017**

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 30395		2. Exact name of the Corporation ST. MATTHEW CHURCH CORPORATION			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island RELIGIOUS			
5. Principal Office Address 15 FRANCES AVENUE			City CRANSTON	State RI	Zip 02910
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MOST REVEREND THOMAS J. TOBIN			Vice-President Name MOSR REVEREND ROBERT C. EVANS		
Street Address ONE CATHEDRAL SQUARE			Street Address ONE CATHEDRAL SQUARE		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
Secretary Name MISS CAROL PETERSON			Treasurer Name REVEREND RONALD J. BENGFOR		
Street Address 28 BRADFORD ROAD			Street Address 15 FRANCES AVENUE		
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02910
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 REVEREND RONALD J. BENGFOR			Director Name MISS CAROL PETERSON		
Street Address 15 FRANCES AVENUE			Street Address 28 BRADFORD ROAD		
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02910
Director Name MR. ROBERT PETRONE			Director Name		
Street Address 70 SINCLAIR AVENUE			Street Address		
City CRANSTON	State RI	Zip 02907	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 REVEREND RONALD J. BRNGFORD				Date 5/1/2017	
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**MAY 15 2017**BY 

FORM 631 - Revised: 02/2017