|--|

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 file	d by July 30.					
1. Entity ID Number	2. Exact nar	2. Exact name of the Corporation					
' 2645k		Holy Angel's Church Corporation					
3. State of Incorporation	4. Brief desc	Brief description of the character of business conducted in Rhode Island					
Rhode Island		Church Affairs					
		uno					
5. Principal Office Address		City	State	Zip			
341 Maple Avenue		Barrington	RI	02806			
6. List ALL officers (names and addresses)			C	Check the box to indicate	e an attachment		
President Name Thomas J. Tobin (Bishop of Providence)		Vice-President Name Robert C. Evans (Auxiliary Bishop of Prov)					
Street Address One Cathedral Square		Street Address One Cathedral Square					
City Providence	State RI	^{Zip} 02903	City Providence	State RI	Zip 02903		
Secretary Name Raymond J. Ferrick (Pastor)		Treasurer Name Raymond J. Ferrick (Pastor)					
Street Address 341 Maple Avenue		Street Address 341 Maple Avenue					
City Barrington	State RI	^{Zip} 02806	City Barrington	State RI	^{Zip} 02806		
7. List ALL directors (names and a			list at least THREE directors.	Check the box to indic	ate an attachment		
Director Name Raymond J. Ferrick (Secretary/Treasurer)		Director Name Peter DeAngelis (Trustee)					
Street Address 341 Maple Avenue		Street Address 127 Church Street					
City Barrington	State RI	^{Zip} 02806	City Barrington	State RI	Zip 02806		
Director Name Nicholas Alteri (Trustee)		Director Name					
Street Address 75 Highland Avenue		Street Address					
City Barrington	State RI	^{Zip} 02806	City	State	Zip		
8. Registered Agent in Rhode Islan	nd. This information	on is currently of reco	rd in the Department of State. Char	nges require filing Form 64	1.		
Under penalty of perjury, I decla statements, and that all stateme	re and affirm th nts contained h	nat I have examine herein are true and	ed this report, including any a d correct.	nccompanying schedu	les and		
his report must be signed by either the Pre	sident, Vice-Presiden	nt, Secretary, Assistant S	ecretary, Treasurer, duly Authorized Rep	presentative, Receiver or Trust	ee.		
Name of Officer/Authorized Representative Raymond J. Ferrick, Pastor/Secretary/Treasurer			Date	T			
ignature of Officer/Authorized Rep		r 		17 May 2017			
Mr. Hayusas		nick	GARLEST AND FOR A	7/			
AIL TOP			444V -	-			

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

MAY 2 2 2017