

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 26789		2. Exact name of the Corporation Eglise de Notre Dame de Bonsecours			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Charitable Organization (Roman Catholic Church)			
5. Principal Office Address 1063 Victory Highway			City Mapleville	State RI	Zip 02839
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 Most 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 Michael Cosetta			Treasurer Name Reverend Michael J. McMahon		
Street Address 380 Cooper Hill Road			Street Address 1063 Victory Highway		
City Mapleville	State RI	Zip 02839	City Mapleville	State RI	Zip 02839
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 Michael J. McMahon			Director Name Michael Cosetta		
Street Address 1063 Victory Highway			Street Address 380 Cooper Hill Road		
City Mapleville	State RI	Zip 02839	City Mapleville	State RI	Zip 02839
Director Name Roger Ducharme			Director Name		
Street Address 340 Cooper Hill Road			Street Address		
City Mapleville	State RI	Zip 02839	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 Michael J. McMahon				Date June 1, 2017	
Signature of Officer/Authorized Representative <i>Rev. Michael J. McMahon</i>					

FILED

JUN 01 2017

BY