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State of Rhode Island and Providence Plantations Department of State - Business Services Division	
Annual Report for the year: 2017 Non-Profit Corporation	1 × 20 ± 1 × 1
→ Filing period: June 1 - June 30 → Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if form is not filed by July 30.	AM 10:1
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1. Entity ID Number	1	me of the Corporati	and the second s				
28811	Christ Th	Christ The King Church Corporation Kinsmy					
3. State of Incorporation	5. Brief des	5. Brief description of the character of business conducted in Rhode Island					
RI	Roman C	Roman Catholic Church					
4. NAICS Code							
813990 - Other Similar C	Orga:						
6. Principal Office Address		-	City	State	Zip		
180 Old North Road			Kingston	RI	02881		
7. List ALL officers (names a	nd addresses)	•		heck the box to indica	te an attachment		
President Name Thomas J Tobin (Bishop of Providence)			Vice-President Name Robert C Evans (Axilliary Bishop of Provi				
Street Address One Cathedral Square			Street Address One Cathedral Square				
City Providence	State RI	^{Zip} 02903	City Providence	State RI	Zip 02903		
Secretary Name	cretary Name			Treasurer Name Jared Costanza			
Street Address			Street Address 180 Old North Road				
City	State	Zip	City Kingston	State RI	Zip 02881		
8. List ALL directors (names a	and addresses). Ri	Corporations MUST	list at least THREE directors.				
Director Name Jared Costan:	<u> </u>		Director Name	Check the box to indi	cate an attachment		
			Director Name Mark Noble				
Street Address 180 Old Nort	h Road		Street Address 1158 South Road				
City Kingston	State RI	^{Zip} 02881	City Wakefield	State RI	Zip 02879		
Director Name Philip Tracy			Director Name				
Street Address 10 Thorpe Lane			Street Address				
City West Kingston	State RI	^{Zip} 02892	City	State	Zip		
. Registered Agent in Rhode	Island. This informati	on is currently of recor	d in the Department of State. Char	nges require filing Form &	41		
inder penalty of perjury, I de tatements, and that all state	eclare and affirm t	hat I have examine	d this report, including any a	accompanying sched	ules and		
			ecretary, Treasurer, duly Authorized Rej	presentative Receiver or True	etoe.		
lame of Officer/Authorized Re		<u> </u>		Date			
ared Costanza	,		Clier		2/10		
gnature of Officer/Authorised	Representative		FILE	<i>*</i>	0/17		
4	Y	SIGN DOC	UMENT HERE JUN 0 1 20	17			
			33.7 V . EQ	***			

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

Website: www.sos.ri.gov