

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **Non-Profit Corporation**

2017

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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- 7 Fenalty. Additional \$25.00	II TOTAL IS THAT THE	o by duly 30.		<u></u>			
1. Entity ID Number	1	2. Exact name of the Corporation					
28811	Christ Th	Christ The King Church Corporation Kinggon					
3. State of Incorporation	5. Brief des	Brief description of the character of business conducted in Rhode Island					
RI	Roman C	Roman Catholic Church					
4. NAICS Code							
813990 - Other Similar O)rga:						
6. Principal Office Address		 	City	State	Zip		
180 Old North Road			Kingston	RI	02881		
7. List ALL officers (names and addresses)			Check the box to indicate 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	tary 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	ind addresses). Ri (Corporations MUST	list at least THREE directors.				
Director Name Jared Costanza			Check the box to indicate an attachment Director Name Mark Noble				
Street Address 180 Old North Road			Street Address 1158 South Road				
City Kingston	State RI	Zip		01-1-	7in		
		^{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!	sland. This informati	on is currently of recor	rd in the Department of State. Chan	des require filing Form 64	1		
Under penalty of perjury, I destatements, and that all state	eclare and affirm t	hat I have examine	d this report, including any a	ccompanying schedu	les and		
			ecretary, Treasurer, duly Authorized Rep	resentative. Receiver or Trus	lee.		
lame of Officer/Authorized Re	presentative	<u> </u>		Date			
Jared Costanza			Flien	5/30	1/12		
ignature of Officer/Authorized	Representative	000000			1		
4	$Y \searrow =$	SIGN DOC	UMENT HERE JUN 0 1 201	17			
L./							

MAIL/10: Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov