

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street Providence, RI 02904-2615 101.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject

| to a penalty fee of \$25.00. | | | | ите ргезстией бу ши (к | /-0-91) is subject | |
|---|-----------------------------|--------------------------------|--|-------------------------------|--------------------------|--|
| 1. Corporate ID No. | | | | | | |
| 29412 | St. Francis Xavier's Church | | | | | |
| 3 State of Incorporation | 4 Corporate address in i | Rhode Island - Street Address | | City | Zip | |
| Rhode Isalnd | 81 N. Carpenter | Street | | East Providence | 02914 | |
| 5. Foreign corporation. Enter principal office address | | | City | State | Zip | |
| 6. Brief Description of the character | of the affairs which are ac | tually conducted in Rhode Isla | and | | <u> </u> | |
| The place of worship for the | | | | | | |
| 7. NAMES AND ADDRESSES | OF THE OFFICERS | : ("X" BOX FOR ATTACH | MENT) [FILL IN SPACES B | EFORE USING ATTACI | HMENTS | |
| President Name | | | Vice President Name | | | |
| Thomas J. Tobin (Bishop of Providence) | | | Robert C. Evans (Auxillary Bishop of Providence) | | | |
| Street Address | | | Street Address | | | |
| One Cathedral Square | | | One Cathedral Squaer | | | |
| $CU_{\mathbb{P}}$ | State | Zip | City: | State | Zip | |
| Providence | RI | 02903 | Providence | RI | 02903 | |
| Secretary Name Scott J. Pontes (Pastor) | | | Treasurer Name Scott J. Pontes (Pastor) | | | |
| Street Address | | | Street Address | | | |
| 81 N. Carpenter Street | | | 81 N. Carpenter Street | | | |
| City | State | Zφ | City | State | Zip | |
| East Providence | RI | 02914 | East Providence | RI | 02914 | |
| 8. NAMES AND ADDRESSES | OF THE DIRECTOR | | | BEFORE USING ATTAC | HMENTS | |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23 | | | | | | |
| Director Name Director Name | | | | | | |
| Scott J. Pontes | | | Virginia da Mota | | | |
| Street Address | | | Street Address | | | |
| 81 N. Carpenter St | | | 96 Lyon Avenue | | | |
| Chy | State | Zip | City | State | Zip | |
| East Providence | RI | 02914 | East Providence | Ri | 02914 | |
| Director Name | | , 00011 | Director Name | 117 | 102014 | |
| Carl LaPietra | | | | | | |
| Street Address | | | Street Address | | | |
| 201 Fenner Avenue | | | | | | |
| City | State | Zip | Gity: | State | Zip | |
| East Providence | RI | 02915 | | 1 | ' | |
| | | | es require filing of Form 64 | 1 41 - R.I.G.L. 7-6-13 / 7 | -6-78 | |
| Agent Name Address | | | | | | |
| | | | | | | |
| Address | | 1 | City | Zip | | |
| | | | | | | |
| This report must b | e signed by either th | e President, Vice President | dent, Secretary, Assistant Secr | etary, Treasurer, Receiv | er or Trustee | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 2 9 4 1 2 Under penalty of perjury, I declare and affirm that I have examined this report, including any accomplished ship and the sall | | | | | | |
| | ···· | | report, including any acc | companying schedules and | statements, and that all | |
| | | JUN 0 5 2017 | statement contained he | rein are true and correct. | | |
| File Date | |] JOB | | | - | |
| | | GRANG | Renature of Otto Co | | $D_{k}t_{C}$ | |
| Check No | | | Pov Soott I D | ontoc | | |
| | Ø1. | | Rev. Scott J. Po | | 5/23/2016 | |
| Ву | | _ | | ncer | | |
| FOR SECRETARY OF STATE USE ONLY | | | Pastor | · · · · · · | | |
| | | J | Title of Officer | | | |