

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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

3 Phone: (401) 222-3040 - Email: corporations@sos.ri.gov - Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _

Filing Period: June 1 - June 30 · This report must be typed or printed legibly.

Filing Fee: \$20.00 · FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

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1. Entity ID No.	2. Exact name of the Corporation					
38200	USE LEGAL CORPORATION NAME (FULL NAME)					
	CHURCH OF THE SACRED HEART					
3. State of Incorporation		n of the character of bu		d		
RHODE ISLAND	CHURC	H RELATE	D MINISTRIE	· S		
5. Principal office address USE PARISH RECTORY	ADDRESS $//8$	TAVATION POT	CHST PROVIDENCE	CE REL	2 2914	
GALIST ALL OFFICERS (NAMES	AND ADDRESSE	S) ("X" BOX FOR AT	TACHMENT)			
President Name			Vice-President Name			
THOMAS J. TOBIN (Bishop of Providence)			ROBERT C. EVANS (Auxiliary Bishop of Providence)			
Street Address ONE CATHEDRAL SQUARE			Street Address ONE CATHEDRAL SQUARE			
City	State	Zip	City		Ta: .	
PROVIDENCE	RI	02903	PROVIDENCE	State RI	Zip 02903	
Secretary Name		L	Trooguror Nama	1		
PASTOR OR OTHER NAME FR. SILVIO DE NARD			PASTOR'S NAME FR. SILVIO DE NARD			
Street Address 118 TAUHTON AVENUE			Street Address 118 TAUHTON AVENCE			
EAST YROUVENCE	State	02914	City EAST PRODIDEN C	E State	^{Zip} 2914	
7. CISTIALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS # (XX BOX FOR ATTACHMENT) □						
Director Name PASTOR'S NAME FR. SILVIO DE NARD			TRUSTEE'S NAME THOMAS CLUPAY			
Street Address 118 AUHTON AVENUE			Street Address 30 BOURN		JE	
EAST PROVIDENCE	State	^{zip} 02914	CRUMFORD	State	^{zig} 2916	
TRUSTEE'S NAME JAMES HOPKINS, JR			FR. SILVIO DE NARD S. d. C			
51 CLYDE AVENUE			Street Address TAUNTON AVENUE			
EAST IKOUIDENCE	State	02914	EAST PROVIDEN	E State	2914	
REGISTERED AGENT IN RHODE ISLAND						
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.						
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee						

Ello Date - Checking - Alle	FILED Q JUN B C 2817	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. Signature of Officer Date
Form No. 631	J490	FR. SILVIO DE NARD, S. OL.C. PASTOR / SECRETARY
Revised: 05/2012		Title of Officer /