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	2. Exact name of the Corporation
30896	**S.S. Peter and Paul's Church, Phoenixville Rhode Island**
3. State of Incorporation: **RI**	5. Brief description of the character of business conducted in Rhode Island: **Non-Profit Roman Catholic Church in the Diocese of Providence**
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
48 Highland St	**West Warwick**	**RI**	**02893**

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Most Rev. Thomas J. Tobin**			Vice-President Name **Most Rev. 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 **Rev. Robert J. Giardina**			Treasurer Name **Rev. Robert J. Giardina**		
Street Address **48 Highland St**			Street Address **48 Highland St**		
City **West Warwick**	State **RI**	Zip **02893**	City **West Warwick**	State **RI**	Zip **02893**

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name **Rev. Robert J. Giardina**			Director Name **Robert Pare**		
Street Address **48 Highland St**			Street Address **49 Hornbeam Rd**		
City **West Warwick**	State **RI**	Zip **02893**	City **Coventry**	State **RI**	Zip **02893**
Director Name **Jean Brousseau**			Director Name		
Street Address **12 Harmony St**			Street Address		
City **West Warwick**	State **RI**	Zip **02893**	City	State	Zip

9. 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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
Rev. Robert J. Giardina	**June 1, 2017**

Signature of Officer/Authorized Representative: Rev Robert J. Giardina

FILED

JUN 05 2017

BY 95041

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 05/2017