



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 30255		2. Exact name of the Corporation Saint Margaret's Church Corporation East Providence Rhode Island			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Roman Catholic Church			
4. NAICS Code 813110 <input type="checkbox"/>					
6. Principal Office Address 1098 Pawtucket Avenue		City East Providence		State RI	Zip 02916
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 John Costigan			Treasurer Name Rev. Msgr. John J. Darcy		
Street Address 22 Reservoir Avenue			Street Address 1098 Pawtucket Avenue		
City Rumford	State RI	Zip 02916	City Rumford	State RI	Zip 02916
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Rev. Msgr. John J. Darcy			Director Name John Costigan		
Street Address 1098 Pawtucket Avenue			Street Address 22 Reservoir Avenue		
City Rumford	State RI	Zip 02916	City Rumford	State RI	Zip 02916
Director Name Maddie Josephs			Director Name None		
Street Address 43 Bourne Avenue			Street Address		
City Rumford, RI 02916	State RI	Zip 02916	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative John J. Darcy					Date
Signature of Officer/Authorized Representative John J. Darcy					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

JUN 05 2017

BY **16498 DS**