



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 30298		2. Exact name of the Corporation ST. MARTHA'S CHURCH CORPORATION	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island ROMAN CATHOLIC CHURCH	
5. Principal Office Address 2595 PAWTUCKET AVE.		City EAST PROVIDENCE	State RI
		Zip 02914	
6. 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	City PROVIDENCE	State RI
Zip 02903		Zip 02914	
Secretary Name REV. DAVID E. GREEN		Treasurer Name REV. DAVID E. GREEN	
Street Address 2595 PAWTUCKET AVE.		Street Address 2595 PAWTUCKET AVE.	
City EAST PROVIDENCE	State RI	City EAST PROVIDENCE	State RI
Zip 02914		Zip 02914	
7. 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. DAVID E. GREEN		Director Name MANUEL ANICETO	
Street Address 2595 PAWTUCKET AVE.		Street Address 78 PLYMOUTH RD.	
City EAST PROVIDENCE	State RI	City EAST PROVIDENCE	State RI
Zip 02914		Zip 02914	
Director Name VALERIE PERRY		Director Name	
Street Address 30 WANNAMOISSETT RD.		Street Address	
City EAST PROVIDENCE	State RI	City	State
Zip 02914			Zip
8. 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 REV. DAVID E. GREEN			Date 6-1-17
Signature of Officer/Authorized Representative <i>Rev. David E. Green</i>			

FILED

JUN 05 2017

BY

252104

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

FORM 631 - Revised: 02/2017