RI SOS Filing Number: 201744879910 Date: 6/5/2017 4:00:00 PM

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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	e it form is not filed	f by July 30.				
Entity ID Number	2. Exact nan	2. Exact name of the Corporation				
30134	St. John's	St. John's Church Society Rhode Island				
3. State of Incorporation	5. Brief desc	Brief description of the character of business conducted in Rhode Island				
Rhode Island		Roman Catholic Church				
4. NAICS Code	7					
813110]					
6. Principal Office Address	!	·	City	State	Zip	
PO Box 266, 63 Church Street			Slatersville	RI	02876	
7. List ALL officers (names and a	addresses)	. <u> </u>	C	heck the box to indicate	e an attachment	
President Name Most Rev. Thomas J. Tobin, D.D.			Vice-President Name Most. Rev. Robert C. Evans, D.D., J.C.L.			
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. Gerard J. Caron			Treasurer Name Rev. Gerard J. Caron			
Street Address PO Box 266, 63 Church St			Street Address PO Box 266, 63 Church St			
City Slatersville	State RI	^{Zip} 02876	City Slatersville	State RI	^{Zip} 02876	
8. List ALL directors (names and	addresses). RI C	Corporations MUST	list at least THREE directors.	Check the box to indic	cate an attachment	
Director Name Rev. Gerard J. Caron			Director Name Mrs. Christine Hemond			
Street Address PO Box 266, 63 Church St			Street Address 18 Eaton Street			
City Slatersville	State RI	^{Zip} 02876	City N Smithfield	State RI	^{Zip} 02896	
Director Name Mr. Michael Flynn			Director Name			
Street Address 580 St. Paul Street			Street Address			
City N Smithfield	State RI	Zip 02896	City	State	Zip	
Registered Agent in Rhode Isla	and. This information	on is currently of reco	rd in the Department of State. Char	nges require filing Form 64	41.	
Under penalty of perjury, I decl statements, and that all statem	are and affirm to ents contained	hat I have examine herein are true an	ed this report, including any a d correct.	accompanying sched	ules and	
This report must be signed by either the Pr	esident, Vice-Preside	nt, Secretary, Assistant S	Secretary, Treasurer, duly Authorized Re	presentative, Receiver or Trus	stee.	
Name of Officer/Authorized Repre	esentative			Date		
Rev. Gerard J. Caron				May 3	0,2017	
Signature of Officer/Authorized Re	epresentative		** * * * ***			

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 0 5 2017

FORM 631 - Revised: 05/2017

