



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<br><b>30134</b>  |                 | 2. Exact name of the Corporation<br><b>St. John's Church Society Rhode Island</b>                           |                          |                             |                  |
| 3. State of Incorporation<br><b>Rhode Island</b>   |                 | 5. Brief description of the character of business conducted in Rhode Island<br><b>Roman Catholic Church</b> |                          |                             |                  |
| 4. NAICS Code<br><b>813110</b> <input type="checkbox"/>  |                 |   |                          |                             |                  |
| 6. Principal Office Address<br><b>PO Box 266, 63 Church Street</b>   |                 | City<br><b>Slatersville</b>   | State<br><b>RI</b>       | Zip<br><b>02876</b>         |                  |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                 |   |                          |                             |                  |
| President Name <b>Most Rev. Thomas J. Tobin, D.D.</b>  |                 | Vice-President Name <b>Most. Rev. Robert C. Evans, D.D., J.C.L.</b>   |                          |                             |                  |
| Street Address <b>One Cathedral Square</b>   |                 | Street Address <b>One Cathedral Square</b>  |                          |                             |                  |
| City <b>Providence</b>   | State <b>RI</b> | Zip <b>02903</b>  | City <b>Providence</b>   | State <b>RI</b>             | Zip <b>02903</b> |
| Secretary Name <b>Rev. Gerard J. Caron</b>   |                 | Treasurer Name <b>Rev. Gerard J. Caron</b>  |                          |                             |                  |
| Street Address <b>PO Box 266, 63 Church St</b>   |                 | Street Address <b>PO Box 266, 63 Church St</b>  |                          |                             |                  |
| City <b>Slatersville</b>   | State <b>RI</b> | Zip <b>02876</b>  | City <b>Slatersville</b> | State <b>RI</b>             | Zip <b>02876</b> |
| 8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                 |   |                          |                             |                  |
| Director Name <b>Rev. Gerard J. Caron</b>  |                 | Director Name <b>Mrs. Christine Hemond</b>  |                          |                             |                  |
| Street Address <b>PO Box 266, 63 Church St</b>   |                 | Street Address <b>18 Eaton Street</b>   |                          |                             |                  |
| City <b>Slatersville</b>   | State <b>RI</b> | Zip <b>02876</b>  | City <b>N Smithfield</b> | State <b>RI</b>             | Zip <b>02896</b> |
| Director Name <b>Mr. Michael Flynn</b>   |                 | Director Name   |                          |                             |                  |
| Street Address <b>580 St. Paul Street</b>  |                 | Street Address  |                          |                             |                  |
| City <b>N Smithfield</b>   | State <b>RI</b> | Zip <b>02896</b>  | 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.  |                 |   |                          |                             |                  |
| <b>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.</b>        |                 |   |                          |                             |                  |
| <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<br><b>Rev. Gerard J. Caron</b>   |                 |   |                          | Date<br><b>May 30, 2017</b> |                  |
| Signature of Officer/Authorized Representative<br>   |                 |   |                          |                             |                  |

MAIL TO:  
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Phone: (401) 222-3040  
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**FILED**

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