

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 28908		2. Exact name of the Corporation Church of the Assumption	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Roman Catholic Church conducting religious services & ministries to the needy	
4. NAICS Code 813110 <input type="checkbox"/>			
6. Principal Office Address 791 Potters Avenue		City Providence	State RI
		Zip 02907	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Thomas J. Tobin (Bishop of Providence)		Vice-President Name Robert C. Evans (Auxiliary Bishop)	
Street Address One Cathedral Square		Street Address One Cathedral Square	
City Providence	State RI	City Providence	State RI
	Zip 02903		Zip 02903
Secretary Name Rev. Gildardo Suarez		Treasurer Name Reverend Gildardo Suarez	
Street Address 791 Potters Avenue		Street Address 791 Potters Avenue	
City Providence	State RI	City Providence	State RI
	Zip 02907		Zip 02903
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 Reverend Gildardo Suarez		Director Name Mr. Erminio Batista (Trustee)	
Street Address 791 Potters Avenue		Street Address 132 Waldo Street	
City Providence	State RI	City Providence	State ri
	Zip 02903		Zip 02907
Director Name Mrs. Christina Mendez (Trustee)		Director Name	
Street Address 17 Anthony Street		Street Address	
City Priovidence	State RI	City	State
	Zip 02907		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 Reverend Gildardo Suarez		Date 6/6/2017	
Signature of Officer/Authorized Representative <i>[Signature]</i>			

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

FILED
JUN 09 2017
3380
BY