RI SOS Filing Number: 201745345900 Date: 6/12/2017 4:00:00 PM

State of Rhode Island and Department of State		
Annual Report for the year: Non-Profit Corporation	2017	
→ 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	2. Exact na	ame of the Corporation						
30238		St. Lucy's Church Corporation						
3. State of Incorporation		Brief description of the character of business conducted in Rhode Island						
Rhode Island		A Roman Catholic Church/Parish						
4. NAICS Code	7		6					
6. Principal Office Address			City	State	Zip			
909 West Main Road			Middletown	RI	02842			
7. List ALL officers (names and a			CI	heck the box to indicate				
President Name Thomas J. Tok		Providence)	Vice-President Name Rober	Vice-President Name Robert C. Evan (Aux. Bishop of Prov.)				
Street Address One Cathedral Square			Street Address One Cathedral Square					
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903			
Secretary Name Sheila Collins				Treasurer Name Rev. John W. O'Brien				
Street Address 213 Fisher Circle			Street Address 909 West Main Road					
City Portsmouth	State RI	^{Zip} 02871	City Middletown	State RI	^{Zip} 02842			
8. List ALL directors (names and	addresses). RI (Corporations MUST	list at least THREE directors.					
Director Name Rev. John W. O'I	Brien		Director Name Martin Dutra	Check the box to indic	ate an attachment L			
Street Address 909 West Main				Street Address 93 Honeyman Ave.				
City Middletown	State RI	Zip 02842	City Middletown	State RI	^{Zip} 02842			
Director Name Sheila Collins			Director Name					
Street Address 213 Fisher Circle			Street Address					
City Portsmouth	State RI	Zip 02871	City	State	Zip			
Registered Agent in Rhode Isla	nd. This informati	ion is currently of record	d in the Department of State. Change	aes require filing Form 64	11			
Inder penaity of perjury, I decla statements, and that all stateme	are and affirm th	hat I have examine	d this report including any ac	ccompanying schedu	iles and			
his report must be signed by either the Pre	esident, Vice-Presider	int, Secretary, Assistant Si	ecretary Treasures duly Authorized Repl	resentative, Receiver or Trus	itee.			
name of Officer/Authorized Repre	sentative		FIIFU n	Date ,	7			
Rev. John W. O'Brien			11 DU	6/7/	12017			
ignature of Officer/Authorized Re	oresentative O S	SIGN DOCK	UMENTES 95					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Waheita: WMW 505 FI GOV