



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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 28520		2. Exact name of the Corporation Saint Alexander's Church Corporation, Warren			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Religious			
4. NAICS Code 813110					
6. Principal Office Address 221 Main Street		City Warren		State RI	Zip 02885
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Thomas J. Tobin (Bishop)			Vice-President Name Robert C. Evans (Auxiliary)		
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. David W. Masello			Treasurer Name Rev. David W. Masello		
Street Address 221 Main Street			Street Address 221 Main Street		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
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 Herminio J. Avila			Director Name Nancy Urban		
Street Address 392 Denison Hill Road			Street Address 14 Kathleen Drive		
City North Stonington	State CT	Zip 06359	City Warren	State RI	Zip 02885
Director Name Patricia Dugan			Director Name John W. Flynn		
Street Address 303 Windridge Lane			Street Address 791 Main Street		
City Bristol	State RI	Zip 02809	City Warren	State RI	Zip 02885
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Rev. David W. Masello				Date June 5, 2017	
Signature of Officer/Authorized Representative <i>Rev. David W. Masello</i>				<div style="text-align: center;"> FILED JUN 12 2017 BY <i>4678 DS</i> </div>	
SIGNATURE OF OFFICER/ AUTHORIZED REPRESENTATIVE					