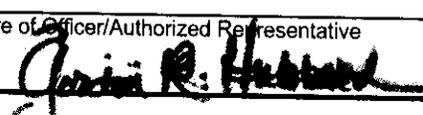




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 30392		2. Exact name of the Corporation St. Mary's Parish			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Religious church			
4. NAICS Code 913110					
6. Principal Office Address 81 Warren Ave			City East Providence	State RI	Zip 02914
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name vacant (Senior Warden)			Vice-President Name Michael Boyce (Junior Warden)		
Street Address			Street Address 23 Union St		
City	State	Zip	City Bristol	State RI	Zip 02809
Secretary Name Terri-Lyn Capron			Treasurer Name Gordon Hubbard		
Street Address 124 Vine St			Street Address 73 Marnoch Dr		
City East Providence	State RI	Zip 02914	City Seekonk	State MA	Zip 02771
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 Gordon Hubbard			Director Name Michael Boyce		
Street Address 73 Marnoch Dr			Street Address 23 Union St		
City Seekonk	State MA	Zip 02771	City Bristol	State RI	Zip 02809
Director Name Terri-Lyn Capron			Director Name		
Street Address 124 Vine St			Street Address		
City East Providence	State RI	Zip 02914	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.					
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 Gordon Hubbard				Date 6-9-17	
Signature of Officer/Authorized Representative 					

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 14 2017

BY 39108 DS