



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 <b>30392</b>		2. Exact name of the Corporation <b>St. Mary's Parish</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Religious church</b>			
4. NAICS Code <b>813110</b>					
6. Principal Office Address <b>81 Warren Ave</b>		City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</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>vacant (Senior Warden)</b>		Vice-President Name <b>Michael Boyce (Junior Warden)</b>			
Street Address		Street Address <b>23 Union St</b>			
City	State	Zip	City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>
Secretary Name <b>Terri-Lyn Capron</b>		Treasurer Name <b>Gordon Hubbard</b>			
Street Address <b>124 Vine St</b>		Street Address <b>73 Marnoch Dr</b>			
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</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>Gordon Hubbard</b>		Director Name <b>Michael Boyce</b>			
Street Address <b>73 Marnoch Dr</b>		Street Address <b>23 Union St</b>			
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>
Director Name <b>Terri-Lyn Capron</b>		Director Name			
Street Address <b>124 Vine St</b>		Street Address			
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</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>					
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 <b>Gordon Hubbard</b>				Date <b>6-9-17</b>	
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



FORM 631 - Revised: 05/2017