



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2017**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 53920		2. Exact name of the Corporation Saint Bartholomew Church Corporation			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island non-profit Religious Chuch			
5. Principal office address 297 Laurei Hill Avenue		City Providence	State RI	Zip 02909	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Bishop Thomas J. Tobin			Vice-President Name Aux. Bishop Robert C. Evans		
Street Address One Cathedral Square			Street Address One Cathedral Square		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Pastor Charles J. Zanoni, C.S.			Treasurer Name Pastor Charles J. Zanoni, C.S.		
Street Address 297 Laurel Hill Avenue			Street Address 297 Laurel Hill Avenue		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Peter Marinucci			Director Name Michael R. Mancini		
Street Address 2 Sunset Avenue			Street Address 40 Lake Garden Drive		
City Providence	State RI	Zip 02909	City Cranston	State RI	Zip 02920
Director Name Virginia M. Rand			Director Name		
Street Address 200 Cannon Street #126			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUN 21 2017

15053

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.

Pastor Charles J. Zanoni
 Signature of Officer or Authorized Representative _____ Date _____

Pastor Charles J. Zanoni, C.S.

Print or Type Name of Officer or Authorized Representative