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.	2. Exact name of the Corporation
000026472	THE HOLY GHOST SOCIETY OF JAMESTOWN PIN: 2453
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
RI.	PROMOTING GOOD WILL + SCHOLARSHIPS

5. Principal office address	City	State	Zip
124 NARRAGANSETT	JAMESTOWN	RI	02835

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
JOAN L. DUPÉE			LINDA PETERSEN		
Street Address			Street Address		
124 NARRAGANSETT AVE.			282 BEAVERTAIL RD		
City	State	Zip	City	State	Zip
JAMESTOWN	RI	02835	JAMESTOWN	RI	02835
Secretary Name			Treasurer Name		
LINDA PETTERSEN			FRANCIS LOPES		
Street Address			Street Address		
			28 WEST ST		
City	State	Zip	City	State	Zip
			JAMESTOWN,	RI	

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
JOAN L. DUPÉE			LINDA PETERSEN		
Street Address			Street Address		
124 NARRAGANSETT AVE			282 BEAVERTAIL RD		
City	State	Zip	City	State	Zip
JAMESTOWN	RI	02835	JAMESTOWN	RI	02835
Director Name			Director Name		
			FRANCIS LOPES		
Street Address			Street Address		
			28 WEST ST.		
City	State	Zip	City	State	Zip
			JAMESTOWN	RI	02835

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 _____ **FILED**

Check No _____ JUN 21 2017

By: _____

FOR SECRETARY OF STATE USE ONLY BY 139

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.

Joan L. Dupée — 6-11-17
Signature of Officer or Authorized Representative — Date

JOAN L. DUPEE
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014