



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 30361		2. Exact name of the Corporation ST. MARY'S CHURCH - CROMPTON RHODE ISLAND			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island RELIGIOUS COUNSELING AND SERVICES			
4. NAICS Code 624190 - Other Individual and F					
6. Principal Office Address 70 CHURCH STREET		City WEST WARWICK		State RI	Zip 02893
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name THOMAS J. TOBIN (BISHOP OF PROVIDENCE)			Vice-President Name ROBERT C. EVANS (AUXIL. BISHOP OF PROV)		
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. DOUGLAS J. SPINA			Treasurer Name REV. DOUGLAS J. SPINA		
Street Address 70 CHURCH STREET			Street Address 70 CHURCH STREET		
City WEST WARWICK	State RI	Zip 02893	City WEST WARWICK	State RI	Zip 02893
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 PASTOR'S NAME DOUGLAS J. SPINA			Director Name TRUSTEE'S REV. DOUGLAS J. SPINA		
Street Address 70 CHURCH STREET			Street Address 70 CHURCH STREET		
City WEST WARWICK	State RI	Zip 02893	City WEST WARWICK	State RI	Zip 02893
Director Name TRUSTEE'S MARY A. DEPRETE			Director Name TRUSTEE'S KENNETH MORIN		
Street Address 129 COWESETT AVENUE			Street Address 12 CARRIE ANN DRIVE		
City WEST WARWICK	State RI	Zip 02893	City WEST WARWICK	State RI	Zip 02893
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. DOUGLAS J. SPINA				Date 06/20/2017	
Signature of Officer/Authorized Representative <i>Rev. Douglas J. Spina</i>					

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 23 2017

BY

15140