



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 000798732		2. Exact name of the Corporation Saint Therese Old Catholic Church			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island			
4. NAICS Code 81310		To Operate As A house of Worship			
6. Principal Office Address 1500 Main 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 David M Martins			Vice-President Name Christopher DeAndrade		
Street Address 1500 Main Street			Street Address 11 Lenox Ave		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Secretary Name Lindagay Palazzo			Treasurer Name Charles Dwyer		
Street Address 100 Dogwood Drive			Street Address 432 Roger Williams Ave		
City West Warwick	State RI	Zip 02893	City East Providence	State RI	Zip 02916
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name David M Martins			Director Name Christopher DeAndrade		
Street Address 1500 Main Street			Street Address 11 Lenox Ave		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Director Name Lindagay Palazzo			Director Name Charles Leach		
Street Address 100 Dogwood Drive			Street Address 3 Linney St		
City West Warwick	State RI	Zip 02893	City Cranston	State RI	Zip 02816
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Charles Dwyer					Date 6/26/17
Signature of Officer/Authorized Representative Charles K Dwyer					

FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

JUN 28 2017

BY 1426

FORM 631 - Revised: 06/2017

Director

Charles K Dwyer
432 Roger Williams Ave
East Providence, RI 02916

IO 798732

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