



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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Annual Report for the year: 2017 2017
 Non-Profit Corporation

2017 JUN 29 AM 10:49

- 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 482951		2. Exact name of the Corporation Saint Kateri Tekakwitha Catholic Community			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Church			
4. NAICS Code 813110					
6. Principal Office Address 84 Exeter Road Exeter RI			City Exeter	State R.I.	Zip 02822
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 Evans Auxiliary Bishop			
Street Address One Cathedral Square		Street Address One Cathedral Square			
City Providence	State R.I.	Zip 02903	City Providence	State R.I.	Zip 02903
Secretary Name Gerard O. Sabourin		Treasurer Name Gewrard Sabourin			
Street Address 84 Exeter Roads		Street Address Exeter Road			
City Exeter	State R.I.	Zip 02822	City Exeter	State R.I.	Zip 02822
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 Gerard O. Sabourin		Director Name Kathleen Ward Bowen			
Street Address 84 Exeter Road		Street Address 106 Sodom Trail			
City Exeter	State R.I.	Zip 02822	City Exeter	State R.I.	Zip 02822
Director Name Timothy Kocab		Director Name			
Street Address Indian Corner Road		Street Address			
City Saunderstown	State R.I.	Zip 02874	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.					
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 Gerard O. Sabourin				Date 6-27-2017	
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

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 JUN 29 2017
 BY 307270