RI SOS Filing Number: 201746943240 Date: 6/30/2017 4:00:00 PM

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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

→ Filling Fee: \$20.00

Filling Fee: \$20.00 fee if form is not filed by July 30.

→ Penalty: Additional \$25.00 fee	if form is not filed	by July 30.				
1. Entity ID Number	2. Exact name of the Corporation					
29099	Church of Our Lady of Victory					
3. State of Incorporation	5. Brief descr	5. Brief description of the character of business conducted in Rhode Island				
Rhode Island	Roman Cat	Roman Catholic Church - non profit corporation				
4. NAICS Code						
813110	]					
6. Principal Office Address			City	State	Zip	
169 Main Street			Ashaway	RI	02804	
7. List ALL officers (names and a	ddresses)			Check the box to indicate		
President Name Most Rev. Thomas J. Tobin			Vice-President Name Most Rev. Robert C. Evans			
Street Address One Cathedral Square			Street Address One Cathedral Square			
City Providence	State RI	Zip 02903	City Providnece	State RI	<sup>Zip</sup> <b>02903</b>	
Secretary Name Rev. Michael A. Colello			Treasurer Name REv. Michael A. Colello			
Street Address 169 Main Street			Street Address 169 Main Street			
<sup>City</sup> Ashaway	State RI	<sup>Zip</sup> 02804	City Ashaway	State RI	<sup>Zip</sup> 02804	
8. List ALL directors (names and	addresses). RI C	Corporations MUST	list at least THREE directors.	Check the box to indic	ate an attachment	
Director Name Paula Agins			Director Name Geraldine Cunningham			
Street Address 14 Greenman Avenue			Street Address 92 Collins Road			
<sup>City</sup> Westerly	State RI	<sup>Zip</sup> 02891	City Ashaway	State RI	<sup>Zip</sup> <b>02804</b>	
Director Name Linda Prizito			Director Name Michael Malvinni			
Street Address 1 Raintree Lane			Street Address 138 Diamond Hill Road			
City Ashaway	State RI	<sup>Zip</sup> 02804	City Ashaway	State RI	<sup>Zip</sup> 02804	
9. Registered Agent in Rhode Isla	and. This informati	on is currently of reco	ord in the Department of State. Ch	nanges require filing Form 64	11.	
Under penalty of perjury, I decl statements, and that all statem				y accompanying sched	ules and	
This report must be signed by either the Pi	esident, Vice-Preside	ent, Secretary, Assistant	Secretary, Treasurer, duly Authorized I	Representative, Receiver or Tru	stee.	
Name of Officer/Authorized Repr	esentative			Date		
Ker Michael	1 A. Co	sello		6/16/	2017	
Signature of Officer Authorized Re	<b>∕</b> ^.		FIIF	in .		
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MAIL TO:			11IN 3 0	2017		

**Division of Business Services** 

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

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