



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 30886		2. Exact name of the Corporation St. Vincent's Church Corporation Bradford			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Roman Catholic Church - non profit corporation			
4. NAICS Code 813110					
6. Principal Office Address 7 Church Street		City Bradford	State RI	Zip 02808	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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	Zip 02903
Secretary Name Rev. Michael A. Colello			Treasurer Name REv. Michael A. Colello		
Street Address 169 Main Street			Street Address 169 Main Street		
City Ashaway	State RI	Zip 02804	City Ashaway	State RI	Zip 02804
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 Raymond Capalbo			Director Name Anne Marie DeMaio		
Street Address 527 Klondike Road			Street Address 53 Ocean Ridge Drive		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
Director Name Theresa Wright			Director Name Harold Beal		
Street Address 240 Bradford Road			Street Address 25 Sherwood Drive		
City Bradford	State RI	Zip 02808	City Westerly	State RI	Zip 02891
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. Michael A. Colello					Date 6/16/2017
Signature of Officer/Authorized Representative <i>Michael A. Colello</i>					SIGN DOCUMENT HERE

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 30 2017 *✓*
 BY 21293 FORM 631 - Revised: 05/2017