



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 <input type="checkbox"/>			
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	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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
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 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 30 2017 *✓*

BY 21293

FORM 631 - Revised: 05/2017