



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

Annual Report for the year:

Non-Profit Corporation

2017

→ 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 <b>78576</b>		2. Exact name of the Corporation <b>SAINT MICHAEL'S CHURCH IN BRISTOL</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>CHURCH</b>	
4. NAICS Code <b>813110</b>			
6. Principal Office Address <b>399 HOPE STREET</b>		City <b>BRISTOL</b>	State <b>RI</b>
		Zip <b>02809</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>CATHERINE ESSELEN</b>		Vice-President Name <b>JAMES NOTT</b>	
Street Address <b>23 SUMMER STREET</b>		Street Address <b>3 THIRD ST.</b>	
City <b>BRISTOL</b>	State <b>RI</b>	City <b>PORTSMOUTH</b>	State <b>RI</b>
Zip <b>02809</b>		Zip <b>02871</b>	
Secretary Name <b>BARBARA ALLEN</b>		Treasurer Name	
Street Address <b>103 BRADFORD ST.</b>		Street Address	
City <b>BRISTOL</b>	State <b>RI</b>	City	State
Zip <b>02809</b>		Zip	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>JANE MESAGNO</b>		Director Name <b>CAROLINE CALIA</b>	
Street Address <b>116 PECK AVE.</b>		Street Address <b>33 POPPASQUASH RD.</b>	
City <b>BRISTOL</b>	State <b>RI</b>	City <b>BRISTOL</b>	State <b>RI</b>
Zip <b>02809</b>		Zip <b>02809</b>	
Director Name <b>RICHARD HARBACH</b>		Director Name	
Street Address <b>23 VALLEY LANE</b>		Street Address	
City <b>PORTSMOUTH</b>	State <b>RI</b>	City	State
Zip <b>02871</b>		Zip	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
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 <b>CATHERINE ESSELEN</b>			Date <b>6-30-17</b>
Signature of Officer/Authorized Representative <i>Catherine Esselen</i>			

**FILED**

JUL 05 2017

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