



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.

 RECEIVED
 SECRETARY
 2018 FEB 22
 11:51 AM

1. Entity ID Number 30429		2. Exact name of the Corporation St. Michael, Providence, Rhode Island	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Roman Catholic Church	
4. NAICS Code 813110			
6. Principal Office Address 239 Oxford Street		City Providence,	State RI
		Zip 02905	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Most Rev. Thomas J. Tobin, Bishop		Vice-President Name Most Rev. Robert C. Evans, Aux. Bishop	
Street Address One Cathedral Square		Street Address One Cathedral Square	
City Providence	State RI	City Providence,	State RI
Zip 02903		Zip 02903	
Secretary Name Rev. Robert Perron		Treasurer Name Francis Darigan	
Street Address 239 Oxford Street		Street Address 607 West Reach Drive	
City Providence,	State RI	City Jamestown,	State RI
Zip 02905		Zip 02835	
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 REV. ROBERT PERRON		Director Name FRANCIS DARIGAN	
Street Address 239 OXFORD ST		Street Address 604 WEST REACH RD	
City PROVIDENCE	State RI	City JAMESTOWN	State RI
Zip 02905		Zip 02835	
Director Name SANTIAGO QUEZADA		Director Name	
Street Address 55 ATLANTIC AVE		Street Address	
City PROV	State RI	City	State
Zip 02903		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.			
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. ROBERT P. PERRON		Date FEB. 16, 2018	
Signature of Officer/Authorized Representative 		SIGN DOCUMENT HERE	

 MAR 09 2018
 BY **171042 DS**