



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.

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 SECRETARY'S
 DIVISION
 2018 FEB 22 11:59 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	Zip 02903	City Providence,
			State RI
			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	Zip 02905	City Jamestown,
			State RI
			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	Zip 02905	City JAMESTOWN
			State RI
			Zip 02835
Director Name SANTIAGO QUEZADA		Director Name	
Street Address 55 ATLANTIC AVE		Street Address	
City PROV	State RI	Zip 02903	City
			State
			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.			
<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. ROBERT P. PERRON			Date FEB. 16, 2018
Signature of Officer/Authorized Representative 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

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