



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

FILED

MAY 17 2018

BY 1153

Annual Report for the year:

2018

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 71291		2. Exact name of the Corporation SAINT ALEXANDER'S CEMETERY CORPORATION			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island RELIGIOUS			
4. NAICS Code 813110					
6. Principal Office Address 221 MAIN STREET		City WARREN		State RI	Zip 02885
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name THOMAS J. TOBIN (BISHOP)			Vice-President Name ROBERT C. EVANS (AUXILIARY)		
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. DAVID W. MASELLO			Treasurer Name REV. DAVID W. MASELLO		
Street Address 221 MAIN STREET			Street Address 221 MAIN STREET		
City WARREN	State RI	Zip 02885	City WARREN	State RI	Zip 02885
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name THOMAS J. TOBIN (BISHOP)			Director Name ROBERT C. EVANS (AUXILIARY)		
Street Address ONE CATHEDRAL SQUARE			Street Address ONE CATHEDRAL SQUARE		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
Director Name REV. DAVID W. MASELLO			Director Name JOHN SAVIANO		
Street Address 221 MAIN STREET			Street Address 56 SCHOOLHOUSE ROAD		
City WARREN	State RI	Zip 02885	City WARREN	State RI	Zip 02885
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. DAVID W. MASELLO				Date MAY 14, 2018	
Signature of Officer/Authorized Representative <i>Rev David W Masello</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