



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

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 30107		2. Exact name of the Corporation Saint Joan's Church, Cumberland, Rhode Island	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Religious, Charitable, and Education Activities	
4. NAICS Code 813110 - Religious Organization			
6. Principal Office Address 3357 Mendon Road		City Cumberland	State RI
		Zip 02864	
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 Providence	State RI
Zip 02903		Zip 02903	
Secretary Name Rev. Norman W. Bourdon		Treasurer Name Rev. Norman W. Bourdon	
Street Address 3357 Mendon Road		Street Address 3357 Mendon Road	
City Cumberland	State RI	City Cumberland	State RI
Zip 02864		Zip 02864	
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. Norman W. Bourdon		Director Name Ann Marie Bartley	
Street Address 3357 Mendon Road		Street Address 56 Rolling Acres Drive	
City Cumberland	State RI	City Cumberland	State RI
Zip 02864		Zip 02864	
Director Name Arthur Chianese		Director Name None	
Street Address 2970 Mendon Road Apt 32		Street Address none	
City Cumberland	State RI	City none	State none
Zip 02864		Zip none	
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. Norman W. Bourdon; Secretary		Date June 1, 2018	
Signature of Officer/Authorized Representative <i>Norman W. Bourdon</i>			

FILED

JUN 04 2018

FILED

JUN 04 2018

FORM 631 - Revised: 11/2017