



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 29099		2. Exact name of the Corporation Church of Our Lady of Victory Ashaway			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Roman Catholic Church- Non profit corporation			
4. NAICS Code 813110 - Religious Organization					
6. Principal Office Address 169 Main Street			City Ashaway	State RI	Zip 02804
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		
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. Michael A. Colello			Treasurer Name Rev. Michael A. Colello		
Street Address 169 Main Street			Street Address 169 Main Street		
City Ashaway	State RI	Zip 02804	City Ashaway	State RI	Zip 02804
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 Paula Agins			Director Name Geraldine Cunningham		
Street Address 14 Greenman Avenue			Street Address 92 Collins Road		
City Westerly	State RI	Zip 02891	City Ashaway	State RI	Zip 02804
Director Name Linda Prizito			Director Name Michael Malvinni		
Street Address 1 Raintree Lane			Street Address 138 Diamond Hill Road		
City Ashaway	State RI	Zip 02804	City Ashaway	State RI	Zip 02804
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 					Date 5/4/2018
Signature of Officer/Authorized Representative					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

FILED

JUN 07 2018
BY 16047 DS

FORM 631 - Revised: 11/2017