

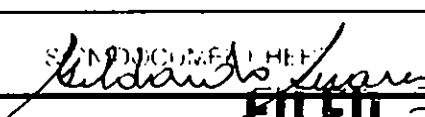


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 000028908		2. Exact name of the Corporation The Church of the Assumption			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Roman Catholic Church conducting religious services and ministries to the needy			
4. NAICS Code 813110 - Religious Organiza <input type="checkbox"/>					
6. Principal Office Address 791 Potters Avenue		City Providence		State RI	Zip 02907
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Thomas J. Tobin (Bishop of Providence)			Vice-President Name Robert C. Evans (Auxiliary 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 Gildardo Suarez			Treasurer Name Gildardo Suarez		
Street Address 791 Potters Avenue			Street Address 791 Potters Avenue		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
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 Gildardo Suarez			Director Name Mr. Emilio Batista (Trustee)		
Street Address 791 Potters Avenue			Street Address 132 Waldo Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02907
Director Name Mrs. Christina Mendez (Trustee)			Director Name		
Street Address 17 Anthony Street			Street Address		
City Providence	State RI	Zip 02907	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. Gildardo Suarez				Date June 5, 2018	
Signature of Officer/Authorized Representative 					

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 