

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	2. Exact name of the Corporation						
000028908	The Ch	The Church of the Assumption					
3. State of Incorporation	5. Brief desc	ription of the charac	cter of business conducted in F	Rhode Island	·		
Rhode Island	Roman Cati	nolic Church cond	ucting religious services an	d ministries to the nee	edy		
4. NAICS Code							
813110 - Religious Organiza]						
6. Principal Office Address			City	State	Zip		
791 Potters Avenue		Providence	RI	02907			
7. List ALL officers (names and a	iddresses)			Check the box to ind	icate an attachment		
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 Gilda		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.				
D'andre Marin			10:N	Check the box to ind	icate an attachment		
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 Rt	^{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 Isl	and. This informat	ion is currently of reci	ord in the Department of State. Ch	anges require filing Form (541.		
Under penalty of perjury, I dec statements, and that all staten			, ,	accompanying sched	iules and		
This report must be signed by either the f	President, Vice-Presid	ent, Secretary, Assistant	Secretary, Treesurer, duly Authorized F	Representative, Receiver or Tr	ustee.		
Name of Officer/Authorized Representative			Date .				
Rev. Gildardo Suarez			•	June 5, 201	8		
Signature of Officer/Authorized R	Representative		a rich and				

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 0 7 2018

FORM 631 - Revised: 11/2017