



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

FILED

JUN 08 2018

Annual Report for the year:

Non-Profit Corporation

BY

2018

1774

→ 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 482051		2. Exact name of the Corporation Saint Kateri Tekakwitha Community	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Church	
4. NAICS Code 813110			
6. Principal Office Address 84 Exeter Road Exeter, R.I.		City Exeter	State R.I.
		Zip 02822	
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 Evans Auxiliary Bishop	
Street Address One Cathedral Square		Street Address One Cathedral Square	
City Providence	State R.I.	City Providence	State R.I.
Zip 02903		Zip 02903	
Secretary Name Gerald O. Sabocin		Treasurer Name Gerald O. Sabocin	
Street Address 84 Exeter Road		Street Address 84 Exeter Road	
City Exeter	State R.I.	City Exeter	State R.I.
Zip 02822		Zip 02822	
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 Gerald O. Sabocin		Director Name Kathleen Ward Bowen	
Street Address 84 Exeter Road		Street Address 106 Sodom Trail	
City Exeter	State R.I.	City Exeter	State R.I.
Zip 02822		Zip 02822	
Director Name Timothy Kocak		Director Name	
Street Address 11 Indian Corner Road		Street Address	
City Saunderstown	State R.I.	City	State
Zip 02874		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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>			
Name of Officer/Authorized Representative Gerald O. Sabocin			Date
Signature of Officer/Authorized Representative Gerald O. Sabocin			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov