



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

FILED

JUN 08 2018

BY 1774

Annual Report for the year:
 Non-Profit Corporation

2018

- 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 <u>482051</u>		2. Exact name of the Corporation <u>Saint Kateri Tekakwitha Community</u>	
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>Church</u>	
4. NAICS Code <u>81310</u>			
6. Principal Office Address <u>84 Egeter Road Egeter, R.I.</u>		City <u>Egeter</u>	State <u>R.I</u>
		Zip <u>02822</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Thomas J. Tobin Bishop of Providence</u>		Vice-President Name <u>Robert Evans Auxiliary Bishop</u>	
Street Address <u>One Cathedral Square</u>		Street Address <u>One Cathedral Square</u>	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02903</u>	City <u>Providence</u>
			State <u>RI</u>
			Zip <u>02903</u>
Secretary Name <u>Gerard O Sabocarin</u>		Treasurer Name <u>Gerard O Sabocarin</u>	
Street Address <u>84 Egeter Road</u>		Street Address <u>84 Egeter Road</u>	
City <u>Egeter</u>	State <u>RI</u>	Zip <u>02822</u>	City <u>Egeter</u>
			State <u>RI</u>
			Zip <u>02822</u>
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 <u>Gerard O Sabocarin</u>		Director Name <u>Kathleen Ward Bowen</u>	
Street Address <u>84 Egeter Road</u>		Street Address <u>106 Sodom Trail</u>	
City <u>Egeter</u>	State <u>R.I</u>	Zip <u>02822</u>	City <u>Egeter</u>
			State <u>RI</u>
			Zip <u>02822</u>
Director Name <u>Timothy Kocak</u>		Director Name	
Street Address <u>11 Indian Corner Road</u>		Street Address	
City <u>Saunderstown</u>	State <u>RI</u>	Zip <u>02874</u>	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.			
<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 <u>Gerard O Sabocarin</u>			Date
Signature of Officer/Authorized Representative <u>Gerard O Sabocarin</u>			

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov