RI SOS Filing Number: 201869912840 Date: 6/18/2018 4:00:00 PM State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: **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					
000030339	St. Mary	, Star of	the Sea Church C	orporation,	Point, Judit	
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
Rhode Island	Religious Worship					
4. NAICS Code						
813110 - Religious Organization						
6. Principal Office Address			City	State	Zip	
864 Point Judith Road			Narragansett	RI	02882	
7. List ALL officers (names and add	iresses)	<del>-</del>	······································	Check the box to indica	te an attachment	
President Name Most Reverend Thomas J. Tobin			Vice-President Name Most Reverend Robert C. Evans			
Street Address One Cathedral Square			Street Address One Cathedral Square			
City Providence	State RI	Z <sub>IP</sub> 02903	City Providence	State RI	Z <sub>ip</sub> 02903	
Secretary Name Reverend Francis P. Kayatta			Treasurer Name Reverend Francis P. Kayatta			
Street Address 864 Point Judith Road			Street Address 864 Point Judith Road			
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	<sup>Zip</sup> 02882	
8. List ALL directors (names and ad	idresses). RI Corp	porations MUST	list at least THREE directors.	Check the box to indica	te an attachment	
Director Name Rev. Francis P. Kayatta			Director Name Mr. Andrew Robinson			
Street Address 864 Point Judith Road			Street Address 9 Crane Terrace			
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882	
Director Name Mr. Carl Ehmann			Director Name None			
Street Address 24 Ridge Drive			Street Address None			
City Narragansett	State RI	<sup>Zip</sup> 02882	City None	State None	Zip None	
9. Registered Agent in Rhode Islan	d. This information	is currently of reco	rd in the Department of State, Chang	es require filing Form 64	1.	
Under penalty of perjury, I declar statements, and that all statemen				companying schedu	les and	
This report must be signed by either the Pres	sident, Vice-President,	Secretary, Assistant S	Secretary, Treasurer, duly Authorized Repr	resentativé, Receiver or Trust	ee.	
Name of Officer/Authorized Representative, FRANC(SP, KAYATTA				Date 16 St.	16 June 2018	
Signature of Officer/Authorized Rep	· (20 2	w White	UMENT HERE			
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MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov