



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.

FILED *JD*
 JUN 19 2018
 BY 10715

1. Entity ID Number 000030853		2. Exact name of the Corporation Saint Stanislaus Kostka Church of Woonsocket			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Roman Catholic Church--Diocese of Providence			
4. NAICS Code 813110 - Religious Organization <input type="checkbox"/>					
6. Principal Office Address 174 Harris Avenue		City Woonsocket		State RI	Zip 02895
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Edward L. Wrobel			Treasurer Name Rev. Dariusz G Jonczyk		
Street Address 124 Salisbury Street			Street Address 391 High Street		
City Woonsocket	State RI	Zip 02895	City Central Falls	State RI	Zip 02863
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 Rev. Dariusz G Jonczyk			Director Name Isabelle Slowick		
Street Address 391 High Street			Street Address 625 Park Avenue		
City Central Falls	State RI	Zip 02863	City Woonsocket	State RI	Zip 02895
Director Name Edward L. Wrobel			Director Name		
Street Address 124 Salisbury Street			Street Address		
City Woonsocket	State RI	Zip 02895	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. Dariusz G Jonczyk, Treasurer				Date June 18, 2018	
Signature of Officer/Authorized Representative <i>Rev. Dariusz G Jonczyk</i>				SIGN DOCUMENT HERE	

MAIL TO:
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 Website: www.sos.ri.gov