



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

**Certificate of Authority**  
FOREIGN Non-Profit Corporation

→ Filing Fee: \$50.00

**STAMP**

Pursuant to the provisions of RIGL 7-6-74, the undersigned foreign non-profit corporation hereby applies for a Certificate of Authority to conduct affairs in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is:		
Priestly Fraternity of St. Peter, Inc.		
1a. The name, if different, which it elects to use in Rhode Island is:		
*If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application.		
2. It is incorporated under the laws of:                      Connecticut		
3. The date of its incorporation is:                                      April 17, 1989		
And the period of its duration is: <b>CHECK ONLY ONE BOX</b>		
<input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____		
4. The address of its principal place of business is: 450 Venard Rd., South Abington Twp., PA 18411		
5. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name                      Corporation Service Company		
Street Address ( <u>NOT</u> a P.O. Box)                      222 Jefferson Boulevard, Suite 200		
City/Town Warwick	State <b>RHODE ISLAND</b>	Zip Code 02888

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SECRETARY OF STATE  
CORPORATIONS DIV  
2018 JUN 25 AM 11:33

**MAIL TO:**  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

**FILED**  
JUN 25 2018  
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11:33  
BY [Signature]

6. The purpose or purposes which it proposes to pursue in the conducting its affairs in Rhode Island:  
religious

Check the box to indicate an attachment ☐

7. The names and respective addresses of its directors and officers are:

OFFICE	NAME	ADDRESS
Director	Josef Blisg	7880 W. Denton Rd., P.O. Box 147, Denton, NE 68339
Director	Gerard Saguto	450 Venard Rd., South Abington Twp., PA 18411
Director	Daniel Geddes	4851 Beatrice St., Vancouver, BC V5N 4J5 Canada
Chairman President	Gerard Saguto	450 Venard Rd., South Abington Twp., PA 18411
Vice Chairman President	Kenneth Webb	317 Morton St., Thorold, ON L2V 1C4 Canada
Treasurer	Simon Harkins	450 Venard Rd., South Abington Twp., PA 18411
Secretary	James Fryar	645 W. 9th St., Unit #110-4119; Los Angeles, CA 90015

Check the box to indicate an attachment ☐

8. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of this filing.

*Under penalty of perjury, we declare and affirm that we have examined this Application for Certificate of Authority, including and accompanying attachments, and that all statements contained herein are true and correct.*

Type or Print Name of ☒ President OR ☐ Vice President

Date

Gerard Saguto

*Chairman*

Signature of President OR Vice President

SIGN DOCUMENT HERE

Type or Print Name of ☒ Secretary OR ☐ Assistant Secretary

Date

James Fryar

*6/18/18*

Signature of Secretary OR Assistant Secretary

SIGN DOCUMENT HERE

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,  
DO HEREBY CERTIFY, that the certificate of incorporation of

PRIESTLY FRATERNITY OF ST. PETER, INC.

a domestic NONSTOCK corporation, was filed in this office on April 17, 1989, a certificate of  
dissolution has not been filed, the corporation has filed all annual reports, and so far as indicated by the  
records of this office such corporation is in existence.



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Secretary of the State

Date Issued: May 23, 2018

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State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

June 25, 2018 11:33 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

