



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.

1. Entity ID Number 32137		2. Exact name of the Corporation St. Thomas More Church, Narragansett Pier, Rhode Island			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Religious			
4. NAICS Code 81310					
6. Principal Office Address 53 Rockland Street			City Narragansett	State RI	Zip 02882
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 C. Evans, Auxiliary Bishop of Providence		
Street Address One Cathedral Square			Street Address One Cathedral Square		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Marcel L. Taillon, Pastor			Treasurer Name Marcel L. Taillon, Pastor		
Street Address 53 Rockland Street			Street Address 53 Rockland Street		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
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 Marcel L. Taillon, Pastor			Director Name Mr. Thomas Regan		
Street Address 53 Rockland Street			Street Address 12 Jennifer Court		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Director Name Mr. J. Michael Falvey			Director Name		
Street Address 41 Ridge Dr.			Street Address		
City Narragansett	State RI	Zip 02882	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 Fr. Marccel L. Taillon				Date 6/18/18	
Signature of Officer/Authorized Representative					

FILED

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

JUN 25 2018
 BY 021981 DS FORM 631 - Revised: 11/2017