

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018 **Non-Profit Corporation**

 $\Sigma^{(i)} = \mathbb{R}^{n \times n}$

→ 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 29314	2. Exact name of the Corporation St. Clare's Church Corporation, Misquamicut					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
Rhode Island	Roman Catholic Church					
4. NAICS Code	1					
813110 - Religious Organiza						
6. Principal Office Address			City	State	Zip	
4 Saint Clare Way			Westerly	RI	02891	
7. List ALL officers (names and addresses) Check the box to indicate an attachment						
President Name Most Rev. Thomas J. Tobin			Vice-President Name Most Rev. Robert C. Evans			
Street Address One Cathedral Square			Street Address One Cathedral Square			
City Providence	State RI	^{Zip} 02903	City Providence	State RI	Zıp 02903	
Secretary Name Miss Lauren Matarese			Treasurer Name Rev. Kenneth J. Suibielski			
Street Address 233 Shore Road			Street Address 4 Saint Clare Way			
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891	
8. List ALL directors (names and addresses). Rt Corporations MUST list at least THREE directors. Check the box to indicate an attachment						
Director Name Most Rev. Thomas J. Tobin			Director Name Most Rev. 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	
Director Name Rev. Kenneth J. Suibielski			Director Name Mr. Cornelius Collins			
Street Address 4 Saint Clare Way			Street Address 14 Bayberry Road			
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891	
9. Registered Agent in Rhode Islan	d. This information	is currently of reco	rd in the Department of State. Ch	anges require filing Form 6	41.	
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.						
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee						
Name of Officer/Authorized Representative				Date		
Rev. Kenneth J. Suibielski				6-2	7 - 2018	
Signature of Officer/Authorized Representative (W. Krundly). Tribulation						

MAIL TO:

Division of Business Services

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

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

FORM 631 - Revised: 11/2017