



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 30822		2. Exact name of the Corporation St. Peter's Church, Warwick, Rhode Island			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Roman Catholic Church/Parish			
4. NAICS Code 813110 - Religious Organization <input type="checkbox"/>					
6. Principal Office Address 350 Fair Street		City Warwick	State RI	Zip 02888	
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. 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)			
Street Address: One Cathedral Square		Street Address: One Cathedral Square			
City: Providence	State: RI	Zip: 02903	City: Providence	State: RI	Zip: 02903
Secretary Name: Charlene A. Schreiber		Treasurer Name: Reverend Roger C. Gagne', Pastor			
Street Address: 60 Urbana Street		Street Address: 350 Fair Street			
City: Cranston	State: RI	Zip: 02920	City: Warwick	State: RI	Zip: 02888
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: Reverend Roger C. Gagne', Pastor		Director Name: John T. Madden, Trustee			
Street Address: 350 Fair Street		Street Address: 34 Longwood Avenue			
City: Warwick	State: RI	Zip: 02888	City: Warwick	State: RI	Zip: 02888
Director Name: Flora M. Hainey, Trustee		Director Name:			
Street Address: 131 Sweetfern Road		Street Address:			
City: Warwick	State: RI	Zip: 02888	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 Reverend Roger C. Gagne', Pastor				Date 06-27-2018	
Signature of Officer/Authorized Representative 					

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

FILED

JUL 02 2018

FORM 631 - Revised: 11/2017

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