



Department of State - Business Services Division

RECEIVED STATE DEPARTMENT OF REVENUE  
 2018 DEC 18 AM 11:00

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 <b>000029148</b>		2. Exact name of the Corporation <b>CHURCH OF THE SACRED HEART OF NATICK RI</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>ROMAN CATHOLIC CHURCH / WORSHIP</b>			
4. NAICS Code <b>813110</b>					
6. Principal Office Address <b>820 PROVIDENCE ST.</b>			City <b>WEST WARWICK</b>	State <b>RI</b>	Zip <b>02893</b>
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>MOST REV. THOMAS J. TOBIN</b>			Vice-President Name <b>MOST. REV. ROBERT C. EVANS</b>		
Street Address <b>ONE CATHEDRAL SQUARE</b>			Street Address <b>ONE CATHEDRAL SQUARE</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 <b>JAMES PRATA</b>			Director Name <b>MARIANNA MARSOCCI</b>		
Street Address <b>1047 MAIN AV.</b>			Street Address <b>42 PONTIAC ST.</b>		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886-1939</b>	City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886-0758</b>
Director Name <b>JOHN PETERSON</b>			Director Name <b>MATTHEW RAY</b>		
Street Address <b>22 PETE DR.</b>			Street Address <b>17 WOODMIST CIRCLE</b>		
City <b>WEST WARWICK</b>	State <b>RI</b>	Zip <b>02893-1816</b>	City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>
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.					
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 <b>REV. RICHARD A. BUCCI</b>					Date <b>XII-10-18</b>
Signature of Officer/Authorized Representative <i>Rev Richard A Bucci</i>					<b>FILED</b>

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

DEC 13 2018  
 BY *[Signature]* BEG/RS  
 1:02