RI SOS Filing Number: 201990174210 Date: 4/10/2019 11:43:00 AM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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

2018

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if form is not filed by July 30.

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1. Entity ID Number 30842	Saint Rita Church Corporation Oakland Beach					
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3. State of Incorporation	Brief description of the character of business conducted in Rhode Island					
RI	Worship Services of the Roman Catholic Church					
4. NAICS Code	<u> </u>					
813110 - Religious Organiza						
6. Principal Office Address			City	State	Zip	
722 Oakland Beach Avenue			Warwick	RI	02889	
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	^{Zip} 02903	
Secretary Name David Picard			Treasurer Name Rev. Peter J. D'Ambrosia			
Street Address 568 Church Ave			Street Address 722 Oakland Beach Ave			
City Warwick	State RI	Zip 02889	City Warwick	State RI	^{Zip} 02889	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment						
Director Name S. Christopher Stowe, Jr.			Director Name Rev. Peter J. D'Ambrosia			
Street Address 67 Narragansett Bay Ave.			Street Address 722 Oakland Beach Ave.			
				I 04-4-	Tzin	
^{City} Warwick	State RI	^{Zip} 02889	City Warwick	State RI	^{Zip} 02889	
Director Name David Picard			Director Name			
Street Address 568 Church Ave			Street Address			
City Warwick	State RI	^{Zip} 02889	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.						
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. Peter J. D'Ambrosia				April 8, 201	9	
Signature of Officer/Authorized Representative SIGN DOCUMENT HEREFILED						

MAIL TO:

Division of Business Services

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

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

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