



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

2019 APR 10 AM 11:13
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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 30842		2. Exact name of the Corporation Saint Rita Church Corporation Oakland Beach			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Worship Services of the Roman Catholic Church			
4. NAICS Code 813110 - Religious Organiza					
6. Principal Office Address 722 Oakland Beach Avenue		City Warwick		State RI	Zip 02889
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>					
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.		
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.					
<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 Rev. Peter J. D'Ambrosia				Date April 8, 2019	
Signature of Officer/Authorized Representative <i>Rev. Peter J. D'Ambrosia</i>				SIGN DOCUMENT HERE 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

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